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UNIVERSITY OF ALBERTA

CLIENTS' EXPERIENCE OF LISTENING TO A REFLECTING TEAM IN FAMILY THERAPY

BY

EDNA E. KNOWLTON

©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION.

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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Dr. John Paterson

Dr. Margaret Wilson

Dr. Dennis Brown

Date: 95 DEC 1

DEDICATION

To my parents, Muriel and Gordon Knowlton, for their loving pride, support and encouragement of education along with the sense of family they created for all of us. Thanks especially to my mother who encouraged me to be good to myself and to my father who taught me the value of listening by his example.

To Ron, Liz, B.R., Ted, Tug, Jeff, Lindsay, Cari, Tricia, Sue, Sarah, T.J., Rachel and the members of my extended family who continue to challenge, strengthen and deepen the meaning of 'family' for me.

To my many friends and colleagues who have supported me and walked with me in my journey through this accomplishment.

ABSTRACT

Using phenomenological and hermeneutical methods, this study sensitizes researchers to families by investigating clients' experience in the listening position of a reflecting team. Clients discussed their **introduction to the process** which depended on the pre-existing context of the family situation, expectations of individual family and relationship with the primary therapist. **Being observed** involved family members' concerns about anonymity, the portrait of the family depicted in the interview and the emotional intensity aroused. Regarding **listening**, family members described the process, including responses to the listening room, divided focus of their attention and effect of emotions spilling over from the interview. Clients also described the content of the team's discussion, including hearing a reflected portrait of their family and the impact of reinforcing or questionable comments. Finally, **outcomes** of the listening experience included impact on the relationship with the primary therapist and insight clients gained into their situation.

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CHAPTER ONE
INTRODUCTION

Background

The following is a story told by a man named Papaderos, a Greek philosopher and teacher in the field of human rights. It is the story of a broken mirror he found as a child.

> I tried to find all the pieces and put them together, but it was not possible, so I kept only the largest piece. This one [showing the piece to the class]. And by scratching it on a stone I made it round. I began to play with it as a toy and became fascinated by the fact that I could reflect light into dark places where the sun would never shine--in deep holes and crevices and dark closets. It became a game for me to get light into the most inaccessible places I could find.
>
> I kept the little mirror, and as I went about my growing up, I would take it out in idle moments and continue the challenge of the game. As I became a man, I grew to understand that this was not just a child's game but a metaphor for what I might do with my life. I came to understand that I am not the light or the source of light. But light--truth, understanding, knowledge--is there, and it will only shine in many dark places if I reflect it.
>
> I am a fragment of a mirror whose whole design and shape I do not know. Nevertheless, with what I have I can reflect light into the dark places of this world--into the black places in the hearts of men and change some things in some people. Perhaps others may see and do likewise.
>
> (cited in Fulgham, 1988, p. 174)

Reflecting Team Concept

When I first read this story, I was struck by how others in my profession see and do likewise with mirrors and reflection. Within the field of therapy in general, and family therapy specifically, there is growing recognition that positive change occurs for clients as they identify new perspectives and contexts for otherwise problem saturated descriptions of the issues in their lives. These new possibilities are constructed through conversations between clients and therapists as they collaborate in exploration and discovery of meaningful story lines to explain clients' experiences. Tom Andersen and colleagues (1987) in Norway were the first to describe a process they termed a 'reflecting team.' It is a process in which new possibilities are illuminated, for both the family and therapist, by having a group of professionals identify further questions or other explanations for the

concerns discussed in a counselling session. Although Andersen and his peers named this reflecting team procedure after the French verb meaning 'to take in and consider before responding,' I believe this process not only casts back to the family an image of what they present, but shines light on alternatives which may be hidden in the shadows. Thus, the therapist and team are neither the light nor the source of light but reflect it towards possibilities that might not otherwise be seen. "The experience opens space for the family and therapist to see themselves, their actions, and their relationships differently, i.e. through the eyes of additional observers with different 'lenses,'" (Tomm, 1987, p.1). The intent is not to be "corrective" or "prescriptive" but to aim the spotlight on a variety of other paths for understanding that offer the family and therapist the choice to explore what is helpful or meaningful for them.

This reflecting team process typically begins with a primary or 'performing' therapist (Madigan, 1993) and the family in a regular counselling interview while a team of other professionals observe behind a one way mirror or screen. Either when the therapist and family would like some new perspectives or when the team has something to offer, the two groups trade places. The therapist and family then have the chance to observe the team members carry out a discussion amongst themselves regarding their ideas and impressions from the family/therapist conversation; thus, the one way mirror becomes two-way (Slovik & Griffith, 1992). The team does not generally rehearse its discussion prior to the family observing it. The generation of hypotheses, then, that was traditionally reserved for private discussions among therapists is made transparent (White, 1993). These 'reflections' are presented in a respectful, positive, and tentative manner to prevent them from being conveyed as 'expert judgments' or 'solutions'. When the team concludes its discussion, it again trades places with the therapist and family who comment on what was meaningful to them or most congruent with their experience. Although variations in this format have been suggested by Andersen and others, the intent is essentially the same. "It is designed to give everybody concerned the opportunity to shift position on purpose, e.g. from listening to participating, from talking to listening, and back again," (Katz, 1991, p. 99).

The Magic of the Mirror

The experience of a reflecting team first shone in my direction through supervised practica in therapy training. When acting as the primary therapist, the contributions from a team highlighted many possibilities for me and added the leverage that relieved my oh-so-common feeling of 'Now what should I do with this family?' However, I was most entranced by my experience as a team member. Not only did it provide me the opportunity to practice the therapeutic process with more families than just my own caseload, there seemed to be a kind of magical quality to observing the family from behind a wall of glass.

I could identify ideas and patterns of interaction with much more clarity than I ever could when sitting with the family as a primary therapist.

While still reveling in the excitement of my own experience, I began to wonder whether families shared a similar reaction when they had the opportunity to be behind the glass. If I thought of myself in the position of a family who had never before been involved with therapy, it seemed reasonable that a 'layman's view of psychology' would involve expectations of talking with a therapist and perhaps having observers behind a one way mirror. I assumed most people would be familiar with these possibilities. However, I did not think family members would expect to sit behind a mirror and observe professionals discuss the family's situation. Because I was curious about how families reacted to this opportunity, I turned to the literature in the field.

Study of the Reflecting Team

Unfortunately, the use of the reflecting team is still fairly new and not much has yet been written. Of the authors who mention it, most describe how they integrate the procedure and use it to support a particular approach to therapy. Few make attempts to understand and evaluate the procedure through the rigors of formal research. Andersen (1991) himself admits, ". . . practices perhaps inform and change our theories more often than theories influence our practice," (p. 167).

To me, two unique aspects to reflecting teams could benefit from further study. First is the openness of the team sharing their reflections and the resulting alteration of position the family has in relation to professionals (Hoffman, 1992). Second is the opportunity for family members to both participate in conversation about their situation and to observe or listen to conversation about themselves. In order to perceive a shift in the relationship between themselves and professionals, families first must experience the opportunity to be in that listening or 'eavesdropper' role (Hoffman, 1992). However, most authors (e.g., Katz, 1991) do not make a distinction between the outcome of the process and impressions of the process itself when relating families' reactions to participating with a team. Although therapists often ask clients 'what it was' they heard from the team, they rarely ask 'what it was like' to hear the team. Thus, while there is a built-in step to evaluate the impact of the team's reflections on the family's situation, there is little chance to evaluate what the family undergoes while attending to those reflections. I think such a step is important especially if it is as unique and unexpected an experience as I assume it to be.

Listening to Reflections

Andersen (1992) tells the story of the Sami (Laplander) tradition of loved ones sitting with a grieving person without speaking. The griever knows the presence of loved

ones who are available for talking if needed. Similarly, Andersen draws the analogy to the process of counselling, "Might that be the most significant of our contributions: to listen to the quietness of the trouble one's thinking?" (p. 63). If this statement is valid for families, what happens when the client moves behind the mirror to listen to others' thinking? Does the experience of listening to other people talk about one's problem simply allow clients time and quiet space to listen to their own thinking or does it in some way externalize this thinking for them? Andersen (1993) notes, "During that listening to others one is inevitably talking with oneself in an inner dialogue," (p. 306). Therefore, I am most curious about what that inner dialogue contains for individual family members as they listen to the team. How is their attention divided? Of what are they conscious? However, Andersen (1992) also assures family members they may choose not to listen. Each family member, though, is asked for his or her opinion after the team is finished. How does a member experience the team if he or she chooses not to listen? Andersen (1991) explains that in order to allow clients to be in the listening/observer position, therapists make eye contact only with each other rather than with the clients. What are clients' experiences of 'listening' to nonverbal behavior, either of the team members or other family members with whom they share the room? In order to adequately understand the family's experience of the reflecting team, then, I am seeking a better understanding of the complex attentional demands involved in the listening opportunity.

Statement of the Problem

Therefore, through this study, I aim to appreciate and become more sensitive to families by asking "What are clients' experiences of being in the listening position utilizing a reflecting team process in a family therapy session?" Subsumed within this main problem are the following questions: a) Do clients listen? b) To what are they most often listening or attending? c) What are their reactions to this listening? d) How does it shape their impressions and reported impact of the entire reflecting team process?

Clients, in this case, refer to family members while the 'primary therapist' refers to the professional who works with the family in the interview. The 'listening position' refers to the time when the family and primary therapist stop their dialogue and allow the group of observing professionals, known as the reflecting team, to begin conversation about the group members' impressions of the family/therapist dialogue.

In order to depict the richest description of this listening position, I follow a qualitative approach for this study. Because the intent is to become more sensitive to clients' experience, the approach follows the descriptive tradition or methods of

phenomenological psychology (Polkinghorne, 1989) combined with the hermeneutical emphasis on the construction of meaning (Karlsson, 1993). The following two chapters outline what has been described about reflecting teams to date and how the phenomenological and hermeneutical methods provide guidelines to the descriptive purposes of this study.

CHAPTER TWO
LITERATURE REVIEW

In order to provide a proper context for understanding the family's experience with the reflecting team process, an important first step for me is to understand the spirit of the times from which this process developed. The 'postmodern era' views science, and culture as interdependent. Within this tradition of thinking, the social constructionist movement proposes that meaning is created and sustained through relationships situated in the context of culture. In addition to examining the arguments supporting this view of meaning, the role of language in its development and the therapeutic applications resulting from it are other important understandings I review in the following section.

After outlining this background to the reflecting team procedure, I profile the philosophy and intent of the process, the variations in format that have been suggested, and the effects for families that have been described by authors to date. Together, these review sections provide the appropriate 'pre-understanding' and support for the current investigation of each family's experience.

However, because this inquiry focuses on the listening position of the reflecting team process, adequate coverage of the literature would not be complete without attention to relevant research on the process of listening. Therefore, I address definitions and categories of listening behavior, comparison of the team's versus the family's listening intentions, and potential influences on the listening process. The following review not only provides the basis for understanding the families' experience but sets up a number of questions which may be answered by the families' descriptions.

Social Constructionism and the Postmodern Era

Postmodern Role of Science

In describing the background to the development of the reflecting team, Tom Andersen (1992) states he was always uncomfortable with the delivery of the intervention to the family in other therapy models because of the assumption professionals have better means of perceiving the problem and better proposals for dealing with it than the family has itself. Throughout the last several decades, increasing attacks have been mounted against this 'modernist' view of expertly identified 'problems' based on individual pathology which is 'cured' through insight and relearning directed by the therapist (McNamee & Gergen, 1992). Instead, a postmodern context has developed that "...challenge[s] the view of scientific knowledge as rationally superior, and trace[s] the cultural and historical

processes that bring certain conceptions of nature into favor while suppressing others," (McNamee & Gergen, 1992, p.4). McNamee (1992) further delineates the differences:

> ...the modernist's project is to uncover (through careful and controlled observation) the basic structure or essence of whatever is being examined so that conclusions can be drawn and principles developed. In contrast, the postmodernist's project is to examine how the process of interaction provides the opportunities for particular characterizations to emerge and dissipate. How do particular interactive contests privilege one form of discourse while other contexts provide opportunities for vastly different discourses? This is the postmodern question (p. 191).

Whereas the modernist views scientific thought as objective knowledge, the postmodernist emphasizes understanding as meaning developed contextually.

Social Construction of Meaning

Constructivism and Social Constructionism

Two closely associated constructs evolve from this postmodern notion that human interactions give rise to characterizations of what is known about the world. In my understanding, both constructivism and social construction take exception to the modernist notion there is a 'real world' that can be known with objective certainty. However, the two concepts differ in the following respect:

> . . . the beliefs represented by constructivism tend to promote an image of the nervous system as a closed machine. . . .precepts and constructs take shape as the organism bumps against its environment. By contrast, the social construction theorists see ideas, concepts and memories arising from social interchange and mediated through language. All knowledge, the social constructionists hold, evolves in the space between people, in the realm of the 'common world' or the 'common dance,' (Hoffman, 1992, p. 8).

Beliefs about the world, according to this latter view, are social conventions or the products of conversations with others (Sprenkle & Bischof, 1994). While a physical reality may exist (O'Hanlon, 1993a; Sprenkle & Bischof, 1994), perception of it is the result of social negotiation (O'Hanlon, 1993a). The meaning developed through this social interchange, in the case of therapy, results from the interaction or conversation between therapist and client.

Contributions to the Social Process

Efran and Clarfield (1992) point out additional contributions to this conversation. "As elements of an on-going ecology, people are not free-standing units who can

conceptually pack up and go wherever they like, whenever they please. They are constrained by their structures and their circumstances," (p. 213). In my interpretation of these authors' intent, knowledge develops not just through conversation but involves the entire space between the participants containing the social, political, historical, and environmental context of that conversation. Gergen (1994a) emphasizes these variable influences do not mean research on specific topics is rendered useless or that scientific knowledge is unattainable, they simply mean that 'truth' is specific to the communities which speak in those ways. Awareness of these contextual influences comes through cross-cultural studies.

Applying these notions to therapeutic fields, John (1987) points out ". . . psychotherapy is likely to flourish if and where it engages and addresses culturally determined needs and expectations, and is consistent and resonates with the core values and underlying ethos of a society, " (p. 284). Following this view, I presume the success of the reflecting team process, for example, relates to the consistency between our cultural emphasis on freedom of choice and individual liberties and the flexibility offered to clients through the varied viewpoints of team members.

Shifting of Meaning

However, such examples of consistency are not static. Gergen (1991, cited by Friedman, 1993) emphasizes the increasing complexity of socially developed meaning as new technologies ". . . immerse us in a constantly shifting [and expanding] ocean of opinion, values, and ideas," (p. xiii). While traditional views of human science are dependent on the stability of relationships, social constructionist views can account for this flux (Gergen, 1994b). Thus, people are assumed to be in constant process of making sense of themselves and their experience with others. The knowledge or view of reality they hold is a result of that continuous process of making sense (Durrant & Kowalski, 1993).

If each person is in such a constantly fluctuating process of making sense, though, how do people come to agree on anything? Parry (1993) makes the following analogy:

> The other person's story, it is well to remember, is one in which I am no longer at the center but a player in the story. Since the other is also a player in mine, then neither of us can go forward until we both realize that the stories are connected, each of us having entered the world of the other. Such a sense of story calls for us to improvise constantly, like jazz musicians each playing off what the other introduces, (p. 458).

Gergen, (1994b) suggests that such mutual improvisation works because people have the capacity to rapidly alter their self perceptions and to envision alternatives. They also have

the capacity to step away from the act of being and consider their state. By doing so, the past can repeat itself in the present or what is happening in the present can alter perception of what happened in the past. Penn & Frankfurt (1994) ". . . propose that the reply to others is shaped by our initial reply to ourselves in inner conversation. Interaction moves back and forth from inner conversation to conversation with others, from monologue to dialogue, becoming the "stuff" of new narratives," (p. 217). New patterns of action can be identified and previous patterns rendered obsolete. As more information is added or alternatives considered, understanding of any behavior can be infinitely revised (Gergen, 1994b). Therapy, then, in my understanding of this viewpoint, is a means of introducing new conversation that adds alternatives or revises understanding in a manner the clients and therapist consider valuable or meaningful.

The Role of Language

How is such revision in understanding accomplished? In social constructionist theory, the mediating role of language as the music of such improvisational exchange cannot be underemphasized. Berg & de Shazer (1993) note, "The commonsense assumption that language is a transparent medium expressing already-existing facts implies that change does not come about in language," (p. 6). However, social constructionism, ". . . suggests that we need to look at how we have ordered the world in our language and how our language (which comes before us) has ordered our world," (p. 7). Therefore, Efran, Lukens, and Lukens (1990 cited by Midori Hanna & Brown, 1995) point out that, "If psychological assistance is to be effective, it must take place in the very same space in which our living and our problems are enacted--in meaningful conversation. In other words, that which we have labeled 'psychotherapy' must be seen as a specialized form of dialogue. . .," (p. 42). Berg and deShazer (1993), however, are careful to point out that therapy and conversation are not equivalent. Maintaining a conversation is not sufficient to be therapeutic but deliberate use of language within conversation can be. It is the "performative use of language in human affairs," (Gergen, 1985, p. 270) which is significant for introducing alternatives that make conversation therapeutic.

Through my readings I note several authors who use the notion of story or narrative to view how language provides order for understanding and how such conversations take place. White (1993) explains that a story is a framework for the interpretation of meaning. Stories determine which aspects of lived experience people select out for expression and interpretation (Epston, White, & Murray, 1992; White, 1993). Stories are not viewed as a mirror of life but are that by which people live their lives. If people live their lives by stories, and stories have real effects, then stories also have determinacy (White, 1993).

I agree with such an understanding of narrative and its implications for therapy. Sprenkle and Bischof (1994) indicate that meaning and associated stories are developed within "a cradle of communication," (p. 10). Stories generally evolve as they are expressed to a listener. Nichols (1995) suggests the presence of a listener helps "...clarify what we think and discover what we feel. Thus, in giving an account of our experience to someone who listens, we are better able to listen to ourselves," (p. 10). Therapeutic problems, then, can be, ". . . conceptualized as stories people agree to tell themselves and others," (Sprenkle & Bischof, 1994, p. 10). Tomm (1989 a, b, cited by Adams-Westcott, Dafforn & Sterne, 1993) indicates that as clients are assisted in stepping away from their dominant story and reflect on themselves, interpersonal conversations are internalized, sense of self is adjusted, and personal agency develops.

Therapeutic Implications

Role of the Therapist

However, following social constructionist theory, the receiver of the story (the therapist) also brings his or her own ordering of language to the context. Thus, the listener shares some 'privileged authorship' in constructing the notion of the story's reality (Shilts, Rudes, & Madigan, 1993). Therapists, therefore, must be aware of their own filters in identifying family strengths (Sprenkle & Bischof, 1994). Hoffman (1992), too, points out that, "The segment of communication a therapist most characteristically focuses on will tell us more about the therapist than the family," (p. 19-20). However, Sprenkle & Bischof (1994) indicate, "Observers [listeners of the story] are also participants who cannot describe or change others without describing or changing themselves," (p. 11). If the therapists are the observers of clients' stories, then therapists must also view themselves as part of the system that is open to change. "The therapist is always in the process of understanding, always on the way to understanding and, therefore, always changing," (Goolishian & Anderson, 1992, p. 12). Clients are no longer simply the object of therapists' interventions (Fruggeri, 1992) but become the experts on their feelings, perceptions and other descriptive data which provide the therapist with a basis for reaction and development of a "collaborative, solution-oriented dialogue," (O'Hanlon, 1993b, p. 50).

Most significant to me is the corresponding notion that the role of therapist is not intended to be seen as expert. The resulting effect on the conversation ". . . means that the therapist's pre-experiences and pre-knowledges do not lead. In this process both the therapist's and the client's expertise are engaged to dissolve the problem," (Anderson, 1993, p. 325). What the therapist can offer then, is ". . . a different point of view that challenges the 'taken-for-grantedness,'" of a client's perspective (Parry, 1993, p. 457).

Therapeutic Practice

How, then, do therapists go about using language to achieve this challenge? Several authors refer to the up-and-down nature of the collaborative conversation (White, 1993) as opposed to the assumption that therapy is an ". . . identifiable, consistent, substantive, replicable thing," (Ryder, 1988, p. 51). Anderson (1993) notes that a genuinely collaborative conversation cannot stay focused on one thing for too long. If it does, it may be a clue that the therapist is asking questions to confirm his or her own hypothesis and unintentionally becomes the expert on content. The client's move to change the topic is no longer viewed as 'client resistance.' This previous view of resistance ". . . implies the client does not want to change and that the therapist is separate from the client system he or she is treating," (Selekman, 1993, p. 139).

Instead, I agree with O'Hanlon (1993b) that this social constructionist view guides therapists by two main principles, acknowledgment and possibility. The therapist acknowledges the client's position and thereby "make[s] room for the familiar," (Anderson, 1993, p. 328) but brings to the conversation the idea of differences. He or she proposes a different description of some event, or finds a new way of connecting behaviors and events (Fruggeri, 1992) which allows for perception of possibilities. "What previously appeared as a crisis and thus a danger to a client's identity can emerge as an opportunity for identity reconstruction," (McNamee, 1992, p. 197). The therapist's manner of asking questions and making observations helps clients identify their goals in a 'behaviorally recognizable manner.' Then searching for, highlighting, and reinforcing exceptions to the perceived problem and client's past strengths allows the therapist to illuminate future possibilities (Lipchik, 1993). Fanger (1993) notes, "When you set your attention to look for something, you almost always find it. You need to know what you are looking for. . . . When we focus on problems the world is full of obstacles. Focus on requests and the future springs to life," (p. 88). Selekman (1993) also recognizes that families are in a "constant state of flux" (p. 140) and so finds in his practice working with adolescents, expecting change from them will have an impact on their behavior. Achieving change through socially constructed language, he suggests, means choosing one of several desired changes and elaborating on that choice.

The Reflecting Team

Philosophy and Intent

Equality

The reflecting team format, then, is a good example of this social constructionist view of the therapist as an equal and the therapeutic practice of elaborating on choice. First, by allowing all parties to share both talking and listening opportunities, and by having the team reflect both strengths and alternative versions to the story, ". . . construction of equal positions between clients and therapists dramatically alters the family's position in relation to the professionals they have come to visit. This position not only demystifies the therapeutic context, but also brings forth an implicit respect to the family's expertise of lived experience," (Shilts, Rudes, & Madigan, 1993, p. 2). With other therapy models, the public language therapists use with the family is often different from the private language they use with professionals after the family leaves (Andersen, 1992). In this procedure there is no need for different languages when referring to the family's situation. Hoffman-Hennessy & Davis (1993) suggest that what is lost in "therapeutic predictability" and "elegance" is gained in client creativity of choosing the story directions to move with and develop. The authors predict as ways of working that elicit this creativity develop further, there will be less need for formal use of the reflecting team. In other words, both therapists and clients can learn to take a reflective position for themselves.

Openness to Change

Before this stage is reached however, I require a better understanding of how a sense of equality between a therapist and a family contributes to change. Although few authors are specific about the connection, I suggest that the attitude shown towards family members allows them to relax or be sufficiently comfortable in their position that they can then be open to hearing alternative perspectives and recognize a difference that will be helpful or meaningful to them. Andersen (1992) notes these differences are ones that are not perceived as a threat to integrity. When such threats are perceived, a person responds by limiting behaviors to those he or she feels will succeed in fending off the threat. By establishing equal positions with the therapist, the message is sent that the person's integrity will remain in his or her control and thus clients are more open to a wider range of responses.

The Process of Change

Midori Hanna and Brown (1995) suggest this process of generating alternatives to create change is based on several assumptions: "(1) There are a number of potentially effective ways to handle a problem; (2) families are often aware of some alternative ways to alter a problem; and (3) generating solutions increases the likelihood of selecting a manageable solution to the problem," (p. 174). Gergen (1990) suggests that ". . . as deficit terms become increasingly available for making the social world intelligible, that

world becomes increasingly populated by deficit," (p. 358). For example, I am often struck by the number of children currently diagnosed with attention-deficit-hyperactivity disorder now that such a term is familiar to the general population. What the reflecting team format offers instead is a variety of opinions, sometimes opposing, which provides clients freedom and flexibility in redirecting their own path while at the same time preventing problem descriptions from becoming overly popular and restrictive. Nichols (1995) uses the metaphor of a light. When it is illuminated on only one point in a cycle, that point looks stationary. The same thing happens with relationships. As families (and sometimes therapists) remain focused on one spot while change continues to happen, they perceive themselves as stuck in that spot. The varied reflections of a team highlight different spots which allows the perception of movement. Family members are expected to select the ideas that allow the individuals to preserve their integrity (Caesar, 1993). In allowing for this preservation though, sometimes the team highlights the alternative knowledge that other people do not live up to the standards the family members expect they do and therefore, the current family is not as 'different' as its members believe (Adams-Westcott, Dafforn, & Sterne, 1993). In this case, having a number of professionals express similar rather than different perspectives, I presume, could heighten the legitimacy of that perspective for the family members and provide positive connotation to their current position or perception of themselves.

As I understand Andersen's (1987) propositions, though, if the alternatives presented are not sufficiently different from the family's current position, they will not be noticed but if the alternatives are too different, they will be disorganizing. This preservation of integrity by introducing a difference that is not too unusual, then, helps create space for inner voices of individual members to be spoken outwardly, helps the family set its own expectations for change and thereby increases the likelihood that such changes will evolve (Caesar, 1993; Shilts, Rudes, & Madigan, 1993; Sprenkle & Bischof, 1994). The benefit of having several team members reflect alternatives is that if one description is either too different or not different enough, another team member's description can compensate or offer a more moderate possibility. When an appropriate difference is noted by a family, the new description may either dissolve the problem or simply change its meaning (Anderson & Goolishian, 1988, cited by Katz, 1991) and consequently, I assume, lead to change in corresponding behaviors.

Although Andersen suggests the presentation of such alternatives is most successful when offered in a positive and tentative manner, Sprenkle and Bischof (1994) suggest families also want respectful, constructive criticism. In other words, perhaps before family members can recognize a valuable alternative, they require some feedback to help them

identify where they currently stand. Smith, Yoshioka and Winton (1993) suggest the team may be in a better position than the primary therapist to provide such feedback or introduce sensitive topics because there is less risk of harm to an on-going, valued relationship. Similarly, Freedman and Combs (1993) indicate one way of creating maneuverability with the negative perception the family presents is to extend it into the future for emphasis. I feel the team could serve an important function in this process. For example, the team might either pose the question or offer speculation of what would happen if the current problem were to continue in the short term or what would be happening in ten years. Team members might also express their fear and concern for the family. Such a discussion provides family members the safety to discuss their own fears or stimulate them to describe how their own expectations for the future would differ. In this latter respect, possibilities are opened for further questions about what the family predicts happening that would make a difference, how they predict it will come about and when they expect it to occur.

Use of the Reflecting Team

As changes take place, Katz (1991) indicates that once clients no longer view the meaning of a situation as a problem, then for her the situation no longer exists as a problem. While such an statement is noble in its philosophy, I wonder about its validity in practice. If a social constructionist view acknowledges the contributions of both the therapist and family, then there are most likely going to be times when the client's choice of alternative solution does not fit with the therapist's understanding and the mutual improvisation is not harmonious. This point is important with respect to the purpose of the reflecting teams. As most families are not familiar with the concept, they are not likely to ask for it so, I assume, most or all of the team procedures occur at the suggestion of the therapist. While the intent may be to offer alternatives to the family, as a researcher, I am interested in knowing for whom this procedure is most useful in practice--the family, the therapist or both? Andersen (1992) makes the distinction between the team's reflections as useful for the family members and useful for their conversation with the therapist. Why is a reflecting team suggested at that time and how does it affect the family's experience? Who is feeling stuck--the family, the therapist, or is there simply a convenient opportunity for the others to offer input?

I expect the content of the team members' reflections also depends on what they see as the purpose. If the intent is to stimulate new discussions for the therapist and family, Midori Hanna and Brown (1995) suggest the use of metaphors can be an important part of the joining process in establishing a therapeutic relationship. Mittelmeir and Friedman (1993) have changed the focus of their reflecting teams from commenting on the family interaction to the generation of metaphors to capture attention. The reflecting team presents

such metaphors and therefore could be valuable in the early part of therapy. On the other hand, what if the intent is to generate alternative solutions to the problem? The distinction is subtle and a particular reflection may accomplish both purposes. However, if the intent is to stimulate conversation, as a team member I would tend to pose more questions than generate suggestions or ways of viewing the situation than I would if the intent was to seek resolution of a problem. Does such a distinction in purpose also serve as reference point for the manner in which family members listen?

Role of the Primary Therapist

Similarly, the intended purpose has implications for the role of primary therapist in the reflecting team process. Hoffman-Hennessy and Davis (1993) see the primary therapist's job as simply to make room for the family's story while the team's commentary opens space and introduces new ideas. In these authors' format, the primary therapist does little reflection in the interview and attempts to be ". . . in the conversation as nonintrusively as possible," (p. 346) letting the team have the more active and therefore impactful role. If this method is effective, I wonder what implications it has for the sessions prior and subsequent to the reflecting team session? How is the therapist's role similar or different when a team is not present? What are the differences between involving a reflecting team in the first session or the 20th session?

Variations in Format

Exchanges

Because the reflecting team process can be used for a variety of purposes with the primary therapist and team members fulfilling different roles, a single format for conducting the process does not exist. Often, there may be more than one exchange between the family/therapist and the team, allowing for 'comments on the comments,' (Andersen, 1991). Brown (1993) interviewed clients about their experiences and subsequently recommends the team should reflect at least twice within a session.

Team Composition

In addition to the number of times the team reflects, variations exist in the composition of the team members and to whom they reflect. Andersen and colleagues developed the reflecting team to provide supervision and consultation to other professionals in a manner that was collaborative and respectful towards families. Because of the multi-level context of the mental health system they work in, sometimes more than one level of reflection is provided. For example, while one person or team provides reflection to a single therapist and family, a second level of supervisors provides reflection to the team (Andersen, 1991; Scott, 1993). In this method, the family, primary therapist, and team members receive feedback with alternative descriptions of themselves and their method of

working. Similarly, Madigan (1993) suggests having both a 'performative' or primary therapist and a 'listening' therapist in the room with the family. The listening therapist engages in conversation with the primary therapist about assumptions in the questions and observations from the initial conversation. The family listens to this process of making the therapist's views transparent (White, 1993) and then has the opportunity to comment or ask further questions. A team behind the glass next comments on the whole interaction and finally, the entire group comes together. However, Brown (1993) suggests such in-room formats be used sparingly during early therapy.

Tomm (1993) indicates that while the initial reflections about possibilities stimulate curiosity, the conversations to deconstruct the therapist and team's knowledge and assumptions that brought them to those reflections is important in establishing both the equality of relationships and the context for the conversation. Another means of achieving a similar goal is to begin the session with a conversation between the team and the primary therapist while the family watches (Katz, 1991; Shilts, Rudes, & Madigan, 1993). The intent is to communicate to the family members that all professional discourse will be shared with them and to develop the family's awareness of what the therapist hopes to achieve from the session.

However, Epston (1993) asks some important questions about these multi-level formats. How do family members react to the interviews of the therapists or the on-going exchange? Do they become more curious or do they tire of the departures from their own process? How easy is it for the therapists to explain their intentions and how does it help? Another important question strikes me that few authors have addressed. It relates to the size of the team. No matter how effective they are at establishing a collaborative atmosphere, I expect some discomfort if professionals outnumber family members. Brown (1993) concludes after talking with clients that a three-person team, suggested by Andersen (1992) as most common, is adequate to generate sufficient alternatives.

Other authors suggest formats to alleviate these difficulties of multi-level procedures. Since few agencies and private practices can necessarily afford the time commitment required from so many therapists, Hargens and Grau (1993, cited in Carpenter, 1993) suggest two workers function as co-therapists, both taking an active part in the interview. At any time during the interview, though, a reflection may be introduced by one worker to the other. The second worker turns away from the family to respond before going back to the family's reaction. However, there are difficulties inherent in this method too. For example, does the family understand the purpose of the 'wondering out loud' between the therapists or does the family experience the conversation as artificial?

Other attempts have also been made to address the demands on professional resources. Sprenkle and Bischof (1994) note a new trend of attempting to treat several families at once in multi-family group therapy or psychoeducational groups. I wonder, once families experienced such a reflecting team and were taught the intent in providing reflections, if professional resources might be less strained by having families serve as teams for each other? Selekman (1993) currently uses such a format with adolescents and their peer groups.

Delivery of Alternatives

To prevent family members from being overwhelmed by the team's reflections, Parry and Doan (1994) suggest writing reflections to the family so they can be reviewed at the family's leisure. However, not only does this procedure rob family members of the listening experience, they then lose the non-verbal behavior that might accompany the team's thoughts and reactions. The team's reflections are also delivered directly towards the family rather than as a result of observing a natural conversation between professionals. How important are these conversational aspects of communication to what the family gains from the experience? Are family members aware of the interaction between team members while listening to the reflections? If not, then perhaps written reflections are sufficient. If so, how important is the loss of such information in comparison to the opportunity to avoid being overwhelmed and review reflections leisurely? Thus, while many variations are available depending on the purpose for the therapist, team and family, inherent strengths and weaknesses can be surmised for each form. Without more information about the family's experience, however, I find the relative importance of these strengths and weaknesses difficult to weigh.

Reported Effects

Comfort

What, then, is known about the family's experience? Although the body of literature is small, a few authors report formal and informal feedback from families. Katz (1991) indicates the members of one family experienced some reserve by finding themselves in a new setting with new people but sensed they would be comfortable if the meetings were to continue. Therefore, the family members' expectations for therapy, comfort with the setting and multiple professionals may have an influence on their reaction. Andersen (1991) also often asks who is the most eager to participate. Is there a difference in the listening experience for those who are most eager versus those who are most hesitant or for those who are most talkative versus most reflective? I am curious whether these differences relate to roles the family members prescribe for each other or for themselves.

Modeling. Katz (1991) also reports feedback from one family that listening to the reflecting team modeled the process of considering other perspectives which the individuals in the family then used for their own discussions. The reflecting team subsequently influenced the way the family members talked amongst themselves. Caesar (1993) notes couples who constantly argue rarely allow each other a chance to pause and think before responding, yet the importance of feeling understood is said to grow as a relationship matures. Therefore, the chance to listen to others' reflections may model how to take time to think about each person's own position and therefore put off change while searching for understanding. Another family felt that having professionals share their thoughts in front of them generated a "request to be honest" on everyone's part (Katz, 1991, p. 105). Hoffman-Hennessy and Davis (1993) also quote a client who indicated the artificial nature of the format allowed her to say some things she would not otherwise have said and yet the conversation was not so artificial to be uncomfortable. The same family indicated the session gave the members a format for conversations they would not have been able to have on their own. Is this modeling experience common to other families? To what extent is the 'essence' of listening to a reflecting team a chance to observe someone else model a practical communication process using the family's own situation as the example?

Smith, Yoshioka, and Winton (1993) suggest the team also models the acknowledgment of differences between family members. Nichols (1995) suggests parents and children rarely listen to each other in their conversations. Parents focus on criticism and instruction while children focus on denial and pleading. Therefore, the team's reflections allow these differences to be heard. A recurrent theme among client feedback is the value of multiple perspectives, especially when they express dialectic tensions or several credible explanations of the same event. Similarly, Katz (1991) reported one client thought the chance to be in the listening position relieved some pressure on the him because he was "...sick of coming up with everything," (Katz, 1991, p. 113) by continually answering questions. Hearing what someone else thought was different and refreshing. Such incidental reports were also confirmed in a qualitative study by Brown (1993).

Finally, Sells, Smith, Coe, Yoshioka and Robbins (1994) interviewed several couples and came up with a six category structure to clients' experiences of a reflecting team: 1) Benefits of a reflecting team, 2) Effects of gender, 3) Recommended use, 4) Contraindicated use, 5) Spatial separateness, and 6) Spatial/Process (i.e., sequences of communication between couple and team members that elicits change). Similarly, Smith, Yoshioka and Winton (1993) found that while clients valued the varied reflections, some expressed feelings of being outnumbered, intimidated, or interrupted when deep into their own emotional state. Thus, despite Carpenter's (1993) assertion that team approaches in

general are not more effective than solo therapy, these clients obviously identify some value in hearing from several professionals but gave recommendations for the limitations of its use. Through the current study, then, I hope to elaborate on these recommendations by looking more closely at clients' experiences, particularly in the listening position.

Demands of Listening

"Stories are medicine. . . They have such power; they do not require that we do, be, act anything--we need only listen."

(Clarissa Pikola Estes--source unavailable)

Two things strike me about the above quote. First, I agree with the reference to the healing power of stories. For myself, listening to stories from my family and friends is often as therapeutic as telling my own story of the events that fill my day or my thinking. The use of narrative approaches to therapy appeals to me and viewing the offerings of the reflecting team as story alternatives in a kind of 'Choose Your Own Adventure' is an interesting way of looking at the therapy process. However, the second part of the quote worries me. That is the part that says to benefit from stories we need 'only listen.' Given the number of times I catch myself focusing more on my own thoughts than what the client says or the number of times I am telling a story and discover my friends do not completely hear what I say in the way I intend, I am not convinced that 'only listening' is an easy task. Therefore, I am concerned about the listening asked of clients when attending to the reflecting team. I think an appropriate part of understanding this experience, then, involves knowing what clients are being asked to do and what other influences can be involved.

Definitions and Types of Listening

Although several authors acknowledge the difficulties of defining listening without reference to corresponding theories of cognition, most define it as receiving, attending, and attaching meaning to aural stimuli (Barker, 1971; Fitch-Hauser, 1990; Reiss-Jones & Yee, 1993; Wolf, Marsnik, Tacey & Nichols, 1983). However, I find distinctions based on the listener's intentions to be more practical definitions for the purposes of this study. Discriminative listening is conducted for the purpose of increasing understanding or comprehension (Barker, 1971; Wolf, Marsnik, Tacey, & Nichols, 1983). The goal is to know how to do something, how it works or why it has occurred. Therefore, the focus is on finding the main points (Wolf, Marsnik, Tacey, & Nichols, 1983). The purpose of evaluative or critical listening is to weigh the arguments and evidence presented by the speaker in order to make a judgment (Barker, 1971; Wolf, Marsnik, Tacey, & Nichols, 1983). Appreciative listening involves attending to pleasurable stimuli such as poetry or

music (Barker, 1971; Wolf, Marsnik, Tacey, & Nichols, 1983) while the goal of empathetic listening is to provide relief and understanding to the speaker expressing his or her feelings. (Wolf, Marsnik, Tacey, & Nichols, 1983).

Listening Purpose: Team vs. Family

To me, such a classification of listening allows a distinction between the experience of both the team and the family. I expect that while the team uses empathic and discriminative processes to understand the family's description, family members, if they listen at all, have discriminative and evaluative goals for receiving the team's reflections. Although the positive reinforcement provided by the team may have pleasurable and thus appreciative qualities, I expect family members listen for insight from the team and then evaluate whether or not to accept such explanations. Barker (1971) notes discriminative listening also involves either reflective or reactive processes. Reflective listening involves evaluation and drawing inferences while reactive not only involves reflection but invokes feedback on the message that was presented. In the format of the reflecting team as it is most often practiced, family members are often given little time to reflect before having to comment on what they heard. Therefore, does the format adequately facilitate the processes required from the family members?

Role of Silence

Although reflective and reactive processes are asked of both the team and family members, I find the role of silence in those processes in listening to reflecting teams is often overlooked. While attending to conversation involves perception of noise, the listening position provides silence by not requiring members to speak. Sciacca (cited by Fiumara, 1990) points out the significant symbolism of silence. "Silence is not an interval . . . but the bridge that unites sounds; the 'vacuums' of sound, the 'fullness' of sounds; the shadows of a painting, the 'emphasis' of the colours; the music, the 'beat' of the notes,"(p. 102). Therefore, is there disproportionate or equal value for the family in receiving the team's message or in experiencing silence of the listening position as a bridge between their own thoughts?

Fiumara (1990) also notes the volume of external societal influences on the situation is sometimes hard to hear. Perhaps the quiet of the listening position creates ". . . sufficient silence . . . at least to hear the incessant rumbling of our cultural world. . . ," (p. 25) which the team can amplify to the level of perception. Barker (1971) notes the ". . . communication climate involves the sum total of hereditary and environmental influences for both the speaker and listener. . . . In addition, the communication climate includes the physical environment in which communication takes place," (p. 21). Perhaps, then, it is silence, and not the mirror, which creates the magic I found in the listening position for

being able to hear and see patterns and influences in the family's situation. Whether the silence of the physical environment and each person's own thinking in the listening position or the messages offered by the team in the next room provide the source of information that speaks louder to the family perhaps depends on the intent of having a reflecting team. My guess is that if the family members perceive the purpose of the team's reflections as a benefit to the therapist, they listen more to their own thinking or focus on other distractions while if they expect benefit to themselves, they focus more on what the team has to offer.

Influences on Listening

Interest

The purpose of the reflecting team is not likely the only factor, though, which potentially influences the family members' listening experience. Levin (1989) notes, "This *listening-to* is a concentrated attention, silent, patient, willing to *take the time* to listen carefully. It is a listening that requires some discipline--to avoid being distracted, to fine-tune one's hearing, to *stay with* what is sounding long enough to achieve a real familiarity, or perhaps a certain intimacy," (p. 84). Wolf, Marsnik, Tacey, and Nichols (1983) suggest curiosity is the key to concentration. To attend to the messages of the team, then, the family must be curious about what the team will say. If the purpose is for the therapist to gain ideas, the family may not be as curious, and therefore, may attend more to the silence of their own thinking. I wonder how often the therapist checks the family's curiosity before they enter the listening portion of the session? Robert Louis Stevenson (cited by Bostrom, 1990a) once said, "All speech, whether written or spoken, is in a dead language until it finds a willing and prepared hearer, " (p. 1).

Apprehension

If the family members are willing and curious enough, is that sufficient preparation or will other factors still influence the listening experience? Bostrom (1990b) describes willingness to communicate as a vector with high motivation on one side and communication apprehension on the other. Such apprehension may be related to either concern about ability to deliver a message or concern about ability to receive and properly process a message (Wheeless, 1975, cited in Preiss & Wheeless, 1990). Wolf, Marsnik, Tacey, and Nichols (1983) cite Kennedy as saying empathy stems from entering into the experience of others, ". . . being able to stand there with them as they explore themselves, not backing away when the experience threatens to become hard on us," (p. 63). Perhaps clients fear their situation will be hard on the team (too unusual or too crazy) and therefore experience apprehension about how the team will react. Bostrom and Waldhart (1978a, cited by Bostrom, 1990b) found that having such listening apprehension was not related to

measures of good and poor listening skills; however, Daly, Vangelista and Daughton (1987, cited in Preiss & Wheeless, 1990) found that receiver apprehension was negatively correlated with measures which assessed people's ability to make ". . . higher order inferences about verbal and nonverbal messages, to self-monitor the social environment, remember utterances, and detect the power and affinity relationships. . .," (p. 97) within conversation. They also found the trait of argumentativeness (tendency to refute ideas offered by others) was negatively correlated with receiver apprehension. Similarly, Preiss and Wheeless (1990) suggest highly apprehensive receivers may not understand motives that guide the message of the senders and may uncritically accept ideas when under stress because of limited ability to question and argue. To my way of thinking, then, clients who are unwilling to argue the views of professionals or who uncritically accept the 'expert position' may be more apprehensive about hearing what the team has to say and therefore less able to actually hear them.

Preiss and Wheeless (1990) hypothesize the primary anxiety associated with such an apprehensive attitude is related to fear of encountering new information. For the family members in this position, they may fear what new information they will gather from the team and may be undecided about whether they want to hear it. Preiss and Wheeless (1990) propose people who are apprehensive receivers often misperceive some messages while not assimilating others. Those with low psychological approval of themselves may also be apprehensive about receiving. Bostrom (1990b) makes an important point that most communication education is aimed at skill enhancement rather than shaping communication attitudes. As a therapist, then, I would be concerned about whether my clients are adequately prepared to proceed with the listening position. What is their attitude toward listening and how will they handle the information received?

Experience and Information Processing

Fitch-Hauser (1990) describes theories of information processing that rely on well learned scripts in the assigning of meaning to this incoming communication. McAdams and Brigand (1993) point out discrimination and comprehension of sounds is based on acquired knowledge and is, therefore, culturally bound. For example, someone living in the north is not likely to discriminate the sounds of the various animals in the rainforest. Although the experience of listening to a conversation is not new to family members, the experience of listening to professionals converse about their family may be new. Therefore, I am curious about what scripts the family members rely upon in processing the information and how these affect what each member takes away from the experience. Are family members more likely to attend to some types of messages than others because of previous experience? Anderson (1993) talks about 'making room for the familiar.' What

then is familiar about listening to professionals? How is listening to the team's conversation influenced by both the wider culture of our society and the culture of therapy settings?

Similarity of Language

Barker (1971) argues, "The important thing to remember about the role of the language system in the listening process is that the speaker must have sufficient commonality of language with the listener to be understood. If this condition is not met, listening breakdowns will inevitably occur," (pp. 28-29). Besides the use of technical language, are there other ways in which the language of therapists and families do not match? How do families perceive the therapists' language? How can therapists ensure their language in a group conversation matches that of the family? If, as Andersen (1992) notes, therapists have a private and public language, do families also have such private and public languages and how do these influence the conversation? Barker (1971) also notes louder, more relevant, more novel stimuli are more likely to be perceived. Which takes precedence, then, novelty or familiarity in perceiving the team's reflections? Andersen (1992) suggests teams offer a difference that is not too big a difference. How, then, are the parameters of difference determined? Thus, I have many questions about how the family processes the incoming information from the team.

Story Construction

If the client perceives the family situation as a story, and introducing story alternatives is a means of introducing these differences suggested by Andersen (1992), then the manner in which the story is constructed and recalled is significant. Fitch-Hauser (1990) discusses the role of story structure in memory. The author indicates evidence that well structured stories facilitate well structured recall. If one conceives of the reflecting team as a brainstorming workshop for the writing of a story, the lack of finalized structure means family members may not recall well what is said. Although I understand the intention of the reflecting team is for the family to impose structure to finish the story, the lack of structure and resulting difficulty in recall may lead them to fill in parts that are missing in ways that are different from what the team members intend. Such changes are not necessarily negative, but they may mean other benefits are not perceived. Barker (1971) notes listeners can overcome effects of other interference in listening if they are aware of the potential distortions. Again, it would seem preparation of family members for listening and drawing their attention to the different perspectives is an important step.

Pre-condition

Related to preparation is the family's members' physical and mental condition as they move into the listening position. Barker (1971) points out a number of factors that

could affect the state of family members. Fatigue associated with emotional expression in the interview portion may interfere with what they hear in the listening position. Negative emotions arising as a result of the interview may also have an effect. He indicates the presence of negative emotions for listener tends to: "1) reduce comprehension (because the mind is racing with other thoughts); 2) divide perception time between speaker's message and the listener's thoughts (causing listening effectiveness to decrease); and 3) cause the listener's motivation to continue listening to decrease (because it is painful to listen)," (p. 35). He also cites studies that show, ". . . the closer people sit to each other the more likely they are to listen carefully, whereas the further apart they are (i.e., the less they perceive themselves to be an integral part of the group) the less likely they are to listen effectively)," (p. 48). Does the closeness of the listening room or the distance of the team have an effect? Thus, the influences of the physical environment, the family member's understanding of the purpose, their curiosity and their physical and emotional pre-condition need to be investigated for me to understand the attentional demands placed on the family during the reflecting team process.

Summary

Obviously, in reviewing the literature of the social constructionist context, reflecting team research, and listening theories, I raise many questions to be addressed by the current study. First, what is the intent of involving a reflecting team? Is it most useful for the therapist or the family? If the intent is to achieve change by establishing a sense of equality with the primary therapist and then to identify and explore alternatives to the problem, it is essential to know how the listening opportunity influences family members perceptions of the therapeutic relationship and alternative explanations for their situation. How do family members perceive similarity and difference among the team members' comments and how does this presentation influence subsequent discussions among family members? How does it affect subsequent discussion with the primary therapist? Is there a modeling effect?

In addition to the reasons for involving a team, I raise many questions resulting from the manner in which the team becomes involved. What are the effects on these perceptions of the variations in reflecting team formats? What other factors influence the outcome? For example, how does the point of therapy in which the team is introduced affect the family members' experience? Does the intent of the session influence the manner in which family members listen? How do family members perceive the interactions between team members and how important are these aspects of communication to the

impact of the reflections? How do roles within the family influence the manner in which members listen?

In addition to the influence of the format and family characteristics which affect listening, I also ask many questions about the task of listening itself. Does the format allow adequate time for the cognitive processes required of the family members in this position? How does the chance to be quiet instead of speaking influence what the family members take away from the experience? How does the family members' initial level of curiosity, apprehension of a new experience, or general preparation for listening affect what they hear? What is the influence of previous mental scripts, knowledge or cultural expectations? How well does the language of the team match the language of the family and how are these languages integrated into the family members' recall of the reflections and reconstruction of their story?

While I raise many difficult questions about the family members' experience, then, their descriptions may or may not answer these questions. The research methods outlined in the following section are intended to discern family members' ideas, feelings and focus of conscious awareness as they listen to a reflecting team. More importantly, I want to know which of these influences and reactions are most significant to the overall value of the family members' experience. Therefore, I keep these questions in mind while reviewing the families' descriptions, but I attempt to learn most from what each member offers spontaneously.

CHAPTER THREE
METHOD

Rationale

One of the most important initial steps in conducting research is to ensure the consistency between the questions or goals of the study and the methods used to gather the appropriate information to answer those questions or meet those goals. Robb (1986) suggests there are three main approaches to research in the human sciences. The first is empirical, focusing on deductive, theoretical, quantitative methods. Second are descriptive or phenomenological methods which focus on the basic structures or organizing principles of lived experience that give meaning to the world. The third approach is known as hermeneutic and explores the nature of human understanding and the meaning or role of interpretations. These final two approaches most often use qualitative data.

In conducting the current study, I have an initial goal of describing the client's experience in the listening position of a reflecting team. However, I also have the goal of developing the meaning of that experience as constructed jointly between myself and the clients. The most consistent match between my goals and methods, then is to follow the steps most common to phenomenological research but with the hermeneutical intent of depicting meaning. To further justify this method, then, the following section first summarizes considerations in conducting family therapy research and the fit with qualitative methods as related to the questions posed by this study. The primary concepts of qualitative approaches in the phenomenological and hermeneutical traditions are then provided as further background. Finally, I outline the organization of findings in phenomenological psychological research to complete the rationale for the chosen method.

Family Therapy Research and Qualitative Methods

Stanton (1988) defines systems therapy as,

> . . . an approach in which a therapist (or a team of therapists), working with varying combinations and configurations of people, devises and introduces interventions designed to alter the interaction (process, workings) of the interpersonal system and context within which one or more psychiatric/behavioral/human problems are embedded, and thereby also alters the functioning of the individuals within that system, with the goal of alleviating or eliminating the problems. (p. 9)

Because the reflecting team format thus falls within this definition of systems therapy, to know how therapists and family members define the alleviation or elimination

of such problems, then, is important for research in this field (Wynne, 1988). Traditional, natural science research methods have not always been helpful because measures of change which reach statistical significance may not equate to differences that are significant clinically (Jacobson, 1988). Furthermore, Goldenberg & Goldenberg (1991) note that,

> . . . the assumptions of the scientific method are incompatible with the following underlying assumptions of family therapy: (1) that many viewpoints of what constitutes reality exist (rather than a single objective reality); (2) that multiple causalities account for most events (not simple cause-and-effect sequences); (3) that the wholeness of the system should be the unit of study (rather than smaller and smaller units to ensure "scientific rigor"); and (4) that the therapist must search for systemic connections (and not explanations based on linear causality). (p. 281)

To be consistent with the approaches and assumptions of family therapy clinicians, then, and also to be useful to such clinicians, research methods are required that accept a non-linear process, account for the whole context, and incorporate the interactive and interdependent nature of both the therapist and family systems in facilitating change (Bogdan & Biklen, 1982; Moon, Dillon, & Sprenkle, 1990; Pinsof, 1988; Ryder, 1988). Pinsof (1988) notes the process of change may continue after termination of therapy so research should still be able to include this part of the process. Understanding change cannot be based solely on observable behavior but must also include clients' thoughts, feelings and experiences of therapy (Keeney & Morris, 1985, cited in Heemsbergen, 1992; Pinsof, 1988). How, then, can I design a research method to be consistent with these aspects of family therapy generally and the reflecting team process specifically?

Qualitative approaches provide one answer. These methods include a focus on ". . . social context, multiple perspectives, complexity, individual differences, circular causality, recursion, and holism"; therefore, they provide a ". . . scientific way of looking at therapy . . . with all of its 'messiness' intact" (Moon, Dillon, & Sprenkle, 1990, p. 364). Qualitative methods, then, are particularly consistent with the social constructionist principles of the reflecting team process. Because I am most interested in what the client encounters as he or she listens to the reflecting team, I am interested in understanding the phenomenon of that listening opportunity. A phenomenon in this sense, I define as any form of sensory or social experience. I am looking, therefore, to discover rather than verify an understanding of this occurrence (Giorgi, 1985).

Concepts in Qualitative, Phenomenological Research

Gilgun (1992) defines qualitative research as ". . . processes used to make sense of data that are represented by words or pictures and not by numbers" (p. 24). The focus is

not on identifying structural or demographic trends (Daly, 1992a) as would be the case in more traditional methods. Many authors supporting the use of qualitative methods spend considerable time defending them against traditional natural science, but more recent authors acknowledge the compatibility (Peterson, 1994; LaRossa & Wolf, 1985). Although Giorgi (1994) argues that a 'mixed discourse' occurs because researchers have not completely separated from traditional paradigms and an appropriate context has not been developed for the analysis of linguistic data, other researchers note qualitative research can provide the contextual background to enrich more traditional therapy outcome research (Moon, Dillon, & Sprenkle, 1990). Outcome analysis should always be conducted in relation to the context (Auerswald, 1988) and studies of the therapeutic process can still be conducted with the outcome in mind (Ryder, 1988). If, as Polkinghorne (1989) suggests, the experience of a phenomenon must be understood for it to be evaluated through natural science or outcome study, then qualitative, phenomenological methods are appropriate for understanding the experience of listening to a reflecting team before its effectiveness in therapeutic family intervention can be fully assessed.

Description/Interpretation

While qualitative research is intended then, to understand and depict an experience, the merits of its descriptive and/or interpretive properties produces much debate in the methodological literature. Giorgi (1992) discusses the initial goal of describing experience and exactly as it presents itself. This kind of research depicts the 'what' and 'how' of a phenomenon (Karlsson, 1993). Interpreting a plausible hypothesis to account for the experience and meaning answers the 'why' (Karlsson, 1993). Before understanding the meaning of a phenomenon, the features necessary to identify it must be described. However, Colaizzi (1978) points out that each phenomenon, combined with the intent of the researcher, evokes a particular descriptive method. Therefore, one absolute method, procedure, or means of presenting data does not exist. The extent of description versus interpretation also depends on which qualitative tradition is being followed. While there is some overlap, then, between the key concepts in these traditions, the phenomenological approach is most concerned with the description/interpretation required to depict the essential or defining features of a phenomenon as well as the subtle nuances which create variation and consistency among those with similar experiences.

Focus on Meaning

Because qualitative researchers in general, and phenomenological researchers in particular, are also interested in the meaning a situation has for the participant, they are not as interested in an objective reality of the phenomenon. "In other words, it is the perceived reality that phenomenologists are interested in, and often 'distortions' are more vital than

veridical perceptions," (Giorgi, 1994, p. 203). In fact, some authors go so far to say that an objective fact does not exist independently of a subject or subjective consciousness. An object or phenomenon is always linked to a subject through the subject's *intentional* conscious awareness of that object (Colaizzi, 1978; Karlsson, 1993). Understanding the participant's interpretation is important because a fact (John is a father) may have more than one meaning (John is a loving adult figure; John must financially provide for his children) and two facts (John has three children; John is married) may share similar meaning (John is a member of a family) (Karlsson, 1993).

Although several researchers (e.g. Peterson, 1994) point out the problems in following and verifying interpretations in qualitative research that arise from unclear definitions, few provide a definition of 'meaning.' **Therefore, for the purposes of this study, I view 'meaning' as the negotiated understanding, interpretation, or significance ascribed to a phenomenon by a person experiencing or perceiving that phenomenon and the person to whom that phenomenon is described or depicted**. Furthermore, Hirsch (1967) defines verbal meaning as ". . .whatever someone has willed to convey by a particular sequence of linguistic signs and which can be conveyed (shared) by means of those linguistic signs" (p. 31). Thus, while the meaning of a phenomenon may be constructed jointly between perceiver and receiver (participant and researcher or therapist and client), language is the common ground used by both parties to develop this meaning. Both parties also use observations of tone, inflection or other nonverbal behavior to qualify the meaning of linguistic signs but as a researcher, I may be more conscious of these additional meaning-making elements than the participants.

Co-construction of Meaning

Karlsson (1993) notes there are two kinds of meanings which result from the phenomenological analysis. As a researcher, my empathic understanding is the attempt to understand the participant's straightforward experience as the participant expresses it. The aim here is to expand the knowledge of what the participant says. My interpretive understanding, on the other hand, deepens comprehension by highlighting features of broader meaning. Understanding of the phenomenon is not only a factor of participants directing their conscious awareness to the experience but also of my directing conscious awareness to the participants' expressions. Therefore, just as family therapy in the social constructionist view involves the interaction of the therapist and family systems, phenomenological research involves the interaction of the intentional conscious awareness of the participants and of the researcher. These methods help expose the relationship between the participant's perception of facts and attribution of meaning and my

understanding as a receiver of those facts and meanings. My job as the researcher in this sense is to translate the participant's meaning for the discipline to which I am directing the information (Giorgi, 1994; Karlsson, 1993). Rather than being objective in the traditional view, then, qualitative, phenomenological research is intersubjective (Kvale, 1994). It is useful to the extent I identify my own intentions and interpret the intentions of the participants so that others can follow and relate to the interpretation.

Consciousness and Family Life

Phenomenological methods achieve this interpretation first by helping the participants focus on their own conscious experience of the phenomenon (Polkinghorne, 1989) and thereby bestow meaning rather than being a passive receiver of stimuli (Karlsson, 1993). Through an open-ended and exploratory approach, I direct the participants from a focus on the outer world to their conscious experience and in the process, sometimes ". . . make the familiar strange. . . " (Moon, Dillon & Sprenkle, 1990, p. 359). This redirecting of consciousness is particularly important for family research.

> Although some aspects of family experience are deliberately hidden from researchers, other aspects of family reality are hidden simply because of their apparent mundaness. Routine, repetitive aspects of family roles and relationships can be so much a part of taken-for-granted reality that they are not considered important by participants. Qualitative research with families is one way to take the obvious (and therefore hidden), and through comparative analysis, put it in a new light and make it comprehensible. What participants think of as habitual, takes on new meaning when compared and contrasted with the habits of others. (Daly, 1992a. p.5)

This focus on meaning through highlighting the mundane or familiar, then, helps the goal of qualitative research by providing a window to the ". . . processes by which families create, sustain, and discuss their own family realities" (Daly, 1992a, p.4). Daly (1992b) notes that developing meaning of an experience is a way of managing stress associated with that experience. Since one potential answer to my current research question is that families experience listening to a reflecting team as stressful, then qualitative methods and the focus on meaning are beneficial ways for me to research this possibility.

Communicative/Hermeneutical Elements

My focus on the listening experience is also consistent with qualitative, phenomenological study because of the important role such elements of communication have in this research method. Keen (1975) notes the ability to listen and attend to perspectives while also making them clear to others is essential to both phenomenological psychology and general, communicative understanding.

> Although we surely listen to what a person says, we also listen to what he does not say, and we 'listen' to his gestures, postures, and tones of voice as well. Although we certainly speak words that express what we mean, we also speak through what we leave out by saying things at particular times instead of at other times, and through our general countenance. . . . The phenomenological reduction is a way of listening . . . . Anybody can hear the words that were spoken; to listen for the meanings as they eventually emerged from the event as a whole is to have adopted an attitude of openness to the phenomenon in its inherent meaningfulness. . . . The organizational anchor of phenomenological listening is always how he-is-in-the-world. (pp. 36-45)

My intention in this study, then, is to listen for all the elements, verbal and nonverbal, the family members may indicate in their experience of listening.

However, listening for meaning involves a recursive process known as the hermeneutic circle. While pure phenomenology focuses on the description of basic elements of the experience, hermeneutics is the science of the understanding or interpretive aspect (Robb, 1986). Because the researcher's pre-understanding guides analysis of the data and this pre-understanding arises from culture and history, a hermeneutical approach involves a "delicate tension" (Karlsson, 1993, p. 84) between the researcher's pre-understanding and attempts to be open to emergence of ideas from the text. The process of a phenomenological study is

> . . . hermeneutical because initially one must assume more than one knows, and only during the process of the research itself does one become more fully aware of precisely what it is that one knows and why what one knows must be so. Thus, the later phases deepen and perhaps transform the earlier phases, but they could not have achieved what they did except by means of the earlier phases. Since this process invokes assumptions, interpretations, and re-interpretations, it can justifiably be classified as hermeneutical. (Giorgi, 1975a, p.79)

Hermeneutics emphasizes the relationship of the whole and its parts (Karlsson, 1993). Each part is only intelligible in relation to the whole. For example, my perspective of one side of a cup only makes sense in relation to my understanding of what a whole cup is, yet each way the cup is turned produces a new perspective. Each part of a participant's description is a new perspective, yet it is only understandable in relation to the whole phenomenon and the prior knowledge context or assumptions of both the participants and myself as the researcher. Yet, our understanding of the whole is based on careful

examination of the parts. Thus, phenomenological research is recursive and based on the interactive elements of communication.

Moss (1989) notes this hermeneutic process parallels the therapeutic process in that communication between the client and therapist is a hermeneutical way of speaking. The discussion of clients' experience is ". . . not simply a matter of copying an experience already existing. . . but rather of an original and creative articulation of something previously only latent. . . . interpretation and therapy is a constructive process in which the therapist contributes a significant amount of his or her own creativity and ingenuity" (p. 207). Thus, the nature of this hermeneutical method is consistent with the co-constructive approach to therapy from which the reflecting team concept developed.

Findings of a Phenomenological Psychological Study

Polkinghorne (1989) notes phenomenological psychological research follows this hermeneutical process to present the organization or features of the phenomenon that provide meaning in particular contexts or situations. Peterson (1994) suggests ". . . a good account should present a sense of the pattern(s) characterizing the experience. . . . [It] should allow the reader to see how experiences flow or are typically organized" (p. 185). While in the current study I assume that a meaning pattern can be derived, it may not be 'typical' but instead is a unique creation of understanding through cooperation between myself and the participants.

Two main levels of patterns are often presented by those who follow these assumptions of phenomenology. First is the situated pattern which describes the phenomenon as learned and expressed by the participants (Giorgi, 1975a). It is the phenomenon as situated in the participants' own contexts. The general pattern, on the other hand, includes the aspects or meanings of the phenomenon which are transituational, less specific to context, or common to the participants' experiences as seen by the researcher (Giorgi, 1975a; Karlsson, 1993). This general pattern develops from both the meanings offered by the participants that are interpreted by the researcher and through the process of imaginative variation in which the researcher examines possible changes in context to see which elements continue to hold or relate (Karlsson, 1993; Osborne, 1994). The researcher must be careful, however, that abstractions from the situated to general patterns do not become so distant the results could fit any framework or be descriptive of any phenomenon (Giorgi, 1994; Peterson, 1994). In the current study, my findings present an intimate look at the experience of listening to a reflecting team for several individual families and how the nuances of each family's situation influence the phenomenon. However, a description of the general pattern depicts how, overall, this opportunity is experienced from a family, as opposed to the therapist or team perspective.

Procedure

In addition to the purpose, guiding questions and research tradition as described above, explanation of several additional elements or steps is necessary for readers to adequately follow the process of a qualitative study such as this (Moon, Dillon & Sprenkle, 1990). These elements include participant selection, settings and contexts, ethical considerations, researcher role and biases, data collection, data analysis strategies, and issues of trustworthiness.

Participant Selection

Selection of participants is not based on probabilistic sampling but on criteria of what is appropriate to study (Moon, Dillon & Sprenkle, 1990). Whatever decisions guide recruitment of participants, the lack of required homogeneity is a benefit of this kind of research. The aim is not to make generalizations so homogeneity in the sample is not required (Polkinghorne, 1989). For example, in studying the effectiveness of a family therapy approach, families whose treatment required a variation from the therapist's usual method of presenting the approach may reveal the most interesting information about that approach. In a traditional outcome study, these families may be dropped from the sample (Stanton, 1988).

Researchers in phenomenological psychology suggest the only real criteria of eligible families for phenomenological research is that they must first have had the experience of the phenomenon under investigation and that they can give full and sensitive descriptions of the experience (Polkinghorne, 1989; Colaizzi, 1978). It is the researcher's responsibility to elicit this experience from them with appropriate questions.

For the purposes of this study, I asked therapists at a local private family therapy practice (The Lousage Institute) to consider families who participated in a session with a reflecting team and who had adequate communication skills to describe their experience. Because some time after the session was necessary for the family members to reflect on their experience but recency to remember the experience was also important, the participating families experienced a reflecting team to a maximum of nine months prior to the research interview. Family members who were not present for the team's reflections were not interviewed. The therapist explained the basic purpose of the study and obtained permission to provide the family's name to me. Once families consented to being contacted, I arranged a time to briefly meet with them and further outline the purposes of the study. With those families who consented to further participation, a time to conduct the interview was arranged. Four families provided rich descriptions.

Because a full range of variation was valuable to provide depth to the interpretations (Polkinghorne, 1989), diversity in family size and form, ages of family members, number of previous sessions, and style of the primary therapist were acceptable variations among the participants who were referred. Two couples and two families with teenagers were interviewed. Each family had been seeing their primary therapist for varying number of sessions prior to the reflecting team session and in the interim between that session and the research interview. However, the reflecting team session followed essentially the same format for each family. It began with the interview between the therapist and family. At an appropriate time, they traded places with the team, which consisted of between five and seven experienced private practice psychologists and clinical social workers. Normally only one exchange occurred.

Setting and Contexts of the Interview

Katz (1991) reported the members of one family she interviewed expressed some reserve about finding themselves in a new setting with new people during the reflecting team. To reduce similar discomfort in the interview process and facilitate the family's recollection of the experience, I conducted the primary interview in the same setting as the session with the reflecting team, provided space was available and convenient for the family. Only one family was interviewed in the home as opposed to the institute where the reflecting team occurred. Initial contact and follow-up meetings took place in each family's home according to convenience for the individuals in that family.

Ethical Considerations

Ethical treatment of human participants begins with the assurance of confidentiality, focus on informed consent, and careful evaluation of the risk benefit equation as pointed out by LaRossa, Bennet, & Gelles, (1981). These authors suggest the risks in social research include discomfort, anxiety, reduced self-esteem and exposure of intimate information. Their concern is that because qualitative research is recursive or flexible and questions may be developed as the researcher discovers new leads, participants cannot be completely informed prior to commencement of the study. Although these concerns are valid, a number of characteristics of the current study minimized these ethical risks.

With respect to confidentiality, I provided pseudonyms for all participants and omitted any other identifying information from the transcripts. I also warned participants that while primary therapists would not be exposed to the transcripts, there may be information in the participant summaries or quotations that would be identifying for the therapist but not anyone else. Thus, complete confidentiality could not be assured. All participants accepted this risk. They were informed that tapes would be erased after completion and presentation of the study. I also informed participants of their right to

withdraw from the study at any point without penalty and any information about them would be destroyed at that time.

With respect to informed consent and consideration of risks and benefits, LaRossa, Bennet & Gelles (1981) are concerned that the range of issues which can emerge in qualitative studies and the pervasiveness of family life means protecting the privacy of intimate information may be difficult for family members. The importance of family life to self esteem means exposure of this information, both publicly and to the family members themselves, is a significant risk. Sometimes the amount of information revealed to them is overwhelming. If families are interviewed in the home, data such as information gained from the interruption of phone calls or the researcher's observations of the home environment could also be available unintentionally and outside the member's control. If there is a time restriction or the family is interviewed in crisis, the members are more dependent on the researcher, the interview can become similar to an interrogation, and participants are less likely to exercise their rights to withdraw because of a perceived power differential. In conjoint interviewing, the participants have even less control over what is said and the resemblance of the interview to a therapy session can create role confusion, making the interview something other than was intended (Gilgun, 1992; Katz, 1991; LaRossa, Bennet, & Gelles, 1981). In this situation, the interview may sensitize the family to issues that are discussed and addressed outside the researcher's awareness, long after the interview is over.

To address these concerns, a description of this study's purpose and ethical considerations was presented verbally and a written version left with the family for initial consideration (see Appendix A). Each member of the family who continued to express willingness to participate signed a consent form acknowledging his or her understanding of ethical rights (see Appendix B). Of the topics covered in this initial meeting, the participants' rights to disclose the amount of information of their choosing was reviewed along with the suggestion that discussion of events involving others required informed consent of those others. I suggested both myself and the participants should remain sensitive to concerns causing discomfort or embarrassment (Daly, 1992b). A reminder for each person to focus on his or her own experience of listening to the team rather than describing the outcome of the team's reflections also helped reduce the risk of infringement on the rights of others. For three out of the four families, the primary interview was conducted at a location other than the home so unintended information was not as prevalent. Questions were aimed at members' experiences of a technique and not the content of counselling issues so the risk of confusion between therapy and research or the risk of dependency through discussion of crisis issues was minimized. However, my role

as researcher was clarified with participants up front and they were informed that any counselling concerns or questions arising from the interview would be referred to the primary therapist or other appropriate source. The extent to which the interview exacerbated any unresolved issues for the family was also evaluated during the follow-up. Finally, the proposed methods were approved by the Research and Ethics Committee of the Educational Psychology Department at the University of Alberta and by the referring therapists of the agency prior to contact of any subjects.

Researcher's Biases and Prior Assumptions

In the hermeneutic tradition of phenomenology, a necessary procedure for conducting research involves the researcher considering her biases and assumptions prior to conducting the interviews (Osborne, 1994). How I am involved in an enterprise depends on what I perceive as its objectives or pre-conceived meaning (Colaizzi, 1978). Therefore, as a researcher I must first ask myself why and how I am involved in this phenomenon. Understanding these pre-suppositions helps derive the orienting questions used to elicit the participants' experiences (Colaizzi, 1978). While unintentional bias is a problem in all types of research (Kvale, 1994), Peterson (1994) notes, "If authors are unaware of their role in the constitution of their 'data', then they may be led to see as 'results' or 'findings' merely their own presuppositions and biases. They may come to see as independent and isolated what is actually a situated and embedded phenomenon, or vice versa" (p. 181). Such reflection and subsequent awareness of assumptions is intended to allow the researcher to recognize her own contributions to the constructed meaning. These biases and assumptions are also made explicit in the study report so readers can follow the influence of these assumptions in the method, data analysis and conclusions.

Identification of Prior Experience and Assumptions

My experience with reflecting teams resulted from having participated as part of a team and once as a primary therapist using this process during courses in family therapy. The theoretical basis behind the use of the team fit with my values about human equality and the attempt to show respect towards clients by establishing a collaborative relationship with them. As a member of the reflecting team, I found the opportunity to sit behind the glass provided valuable distance and perspective in my ability to understand therapeutic situation. Comments or behaviors took on significance or helped me develop hypotheses which were otherwise unobservable if I was the primary therapist in the room with the family. Generally, I found the reflecting team experience to be positive for the family, therapist, and team; therefore, my presupposition was the reflecting team process overall, was a positive and valuable experience.

I also placed great importance on the value of listening, as I often found myself in that position not only with clients but also family and friends. Therefore, my perception was that a great deal of information could be gathered through listening but not everyone takes frequent opportunity to listen. It was my assumption, however, that instead of having to talk or explain themselves continually, the experience of listening to others talk about themselves was a unique experience for family members and, therefore, perhaps initially uncomfortable. I expected most families, prior to attending counselling, would have expectations of talking with a therapist and would have some familiarity with the idea of observers behind a one way mirror. However, I assumed most families would not expect to listen to others discuss their situation in front of them. The exception would be families that participated in case conferences with other resource persons. However, even that experience would be different from the reflecting team because the family has the opportunity to participate in the conversation. With the reflecting team, the unique aspect of sitting in a room other than the one in which the conversation is conducted, was the aspect of providing some distance which, I presumed, highlighted the listening role for family members and may be the first time they have been in such a position. Although my expectation was that this role may have been uncomfortable at first, I expected the benefits of observation to predominate the client's experience.

However, my own experiences of listening and general observations of families told me that with any new experience, many potential points of focus exist and the degree of shift between these focus points varies greatly among people. Therefore, I was very curious about how much of the team's reflections family members attended to and what else was the focus of their attention. My assumption was that few people could fully maintain their concentration on the team's dialogue.

My studies and experiences with families also told me that the dynamics between members involved differing perspectives and roles. Therefore, the views of the reflecting team experience were expected to differ among family members. I had a great deal of curiosity, then, about how these views differed, any potential gender differences in listening or differences based on roles within the family (e.g. person who initiated counselling listens most carefully because they are most motivated to have help), and how an experience that involved a great number of adults impacted the children involved. Given children's general attention span and listening skills, I expected the reflecting team process and the chance to be in a listening position had less of an impact on children, although their experience was no less important.

Because the current study was intended only to focus on the experience of being in the listening position, I assumed the family members would separate the interview and

listening portions of the overall reflecting team process. I anticipated that most individuals would connect the experience or value of listening to the value of what they heard, i.e., the value or impact of the team's reflections to the family's situation. Because the reflecting team is one component of the counselling process, I also expected the value or impact of the reflecting team would be connected in some way to the value or impact of the whole counselling experience for the family.

Data Collection

Family Unit Interviews

Until this point, little distinction has been drawn between the client as the family unit or individual family members. Listening and consciousness are individual phenomena. Asking an individual to comment on his or her experience is to ask them to express this experience. Andersen (1993) notes that "...by expressing oneself one is simultaneously forming One's Self. The act of expressing oneself is the act of One's Self. Maybe *performing* is a better word than expressing. That is, when a person is performing, this *per*forming is *in*forming oneself and others and simultaneously forming One's Self," (p. 309). In order to *form* and *inform* by *performing*, one usually needs an audience, which, in most cases, is the family. Similarly, Bogdan & Biklen (1982) describe the concept of self in symbolic interaction theory .

> The self is not seen lying inside the individual like the ego or an organized body of needs, motives, and internalized norms or values. The self is the definition people create (through interacting with others) of who they are. In, constructing or defining self, people attempt to see themselves as others see them by interpreting gestures and actions directed toward them and by placing themselves in the role of the other person. In short, we come to see ourselves in part as others see us. The self is thus also a social construction, the results of persons perceiving themselves and then developing a definition through the process of interaction. (pp. 34-35)

Given that the individual concept of self is formed in a group, in her qualitative interviews, Katz (1991),

> ...anticipated that the various people involved in these dialogues would create different kinds of description, which might be woven together in one narrative or might stand as a collage. To weave events from different time frames, people construct 'nested narratives' demonstrating varying levels of coherence...Meaning is generated by this process of mutual story-telling and by exchanges within self and between self and other (p. 99).

The meaning of being in the position to listen to a reflecting team is both individual and constructed together as a family in collaboration with the researcher. The listening experience involves the individual's awareness of what the team is saying, awareness of others who are also in the listening position in the same room, the process of mutual agreement or disagreement among family members and the manner of expression to the researcher. In her study, Daly (1992b) suggests parenthood is a concept that involves "shared construction of reality" (p. 107) and therefore justifies conjoint interviews with couples. Since listening to the reflecting team is most often a shared experience, those family members who participated in this listening experience were interviewed together.

In addition to theoretical purposes in conducting conjoint interviews, a number of practical purposes are also justified. First, LaRossa & LaRossa (1981, cited by Sandelowski, Holditch-Davis & Glenn Harris, 1992) suggest conjoint interviews create an atmosphere of openness and trust with the researcher. Disclosures by one family member that violate the privacy of another are prevented if the family is encouraged to set its own limits of confidentiality (Daly, 1992a; Gilgun, 1992). Swanson (1986, cited in Heemsbergen, 1992) suggests gathering data from multiple (family) units allows for members to clarify each other's perceptions, add or detract details and for verbal and non-verbal interactions to be observed. These observations may be significant in bringing meaning to mundane habits not otherwise identified by individuals. For example, in addition to routines, the roles each family member plays in the family may not be obvious and would not be identified if each member was interviewed separately. Might there be one member who is the "information-gatherer and filter" for the family and thus only one listener whose experience and understanding of the team's reflections is most detailed? Although Amato and Ochiltree (1987) provide support for using qualitative data from children, the presence of the parents may enhance understanding of children's listening experiences with a population whose expressive language skills for such experiences are limited. Seeing the family together may also indicate how cultural or child-rearing practices contribute to the children's role in the family.

Interview Format

After the initial meeting with the researcher and review of a written study description and other ethical considerations, the main interview began by asking clients to describe their experience of listening to professionals discuss their situation during a reflecting team process. Although the interview was intended to be open-ended, additional questions were prepared in advance should participants require such prompts in order to provide a full and rich description. Although critics of qualitative interviews suggest such questions are leading and therefore the information is not valid, asking questions that have

developed out of analysis of previous data can help check on the transituational nature of that analysis (Colaizzi, 1978; Kvale, 1994). The flexible nature of the interviews also sometimes reveals unexpected but valuable data (Jarrett, 1992). However, making these orienting questions explicit is important rather than ignoring their contribution to the data (Kvale, 1994). A list of orienting questions prepared in advance of the interview is found in Appendix C while additional questions that developed within the interviews are discussed with the data from each family. Interviews were audio taped and transcribed as near to verbatim as possible while maintaining confidentiality.

Data Analysis

Although there is no single method of analysis in the phenomenological tradition, several researchers suggest a similar approach. Giorgi (1994) presents three general stages in a phenomenological method. First, the phenomenon is described exactly as it presents itself, the researcher then disengages from past theories or knowledge about the phenomenon, and finally, he or she searches for the characteristic features or patterns using imaginative variation. In a more hermeneutic tradition, the researcher does not necessarily put aside past theories but attempts to identify and integrate them in the discovery of the features of the phenomenon and the meaning ascribed to these features.

In sorting through the data, I followed three recommended steps. (Colaizzi, 1978; Giorgi, 1975a; Karlsson, 1993). Initially, I read through the transcribed protocol from each interview to develop a sense of the whole description. This is an important step because of the hermeneutic relationship between the whole and the parts, (Karlsson, 1993), i.e. the parts of the protocol cannot be analyzed without reference to the 'flavor' of the whole description and vice versa.

After the entire transcript was reviewed to obtain a general sense, the next step involved line-by-line review of phrases, sentences, or story lines that related to the experience under investigation. Those elements that indicated a shift in meaning were identified and separated into units. I then reduced these units to a brief summary of the meaning expressed using my own words, but intending to describe the meaning for the client. This step involved some creative insight or leaps from what participants' said to what they meant in light of the experience and context of culture (Colaizzi, 1978; Karlsson, 1993).

These initial meanings were then further reduced to a one or two word description or theme in the language of the discipline to which the study was directed (Giorgi, 1975a). I organized an initial summary or grouping of these brief descriptions for each family, forming the situated meanings for each family's experience. Karlsson (1993) points out that while a structure describes what the phenomenon is, the process describes how it is

lived. These two aspects may be separated through different meaning clusters or may be presented together. Following the suggestion of Colaizzi (1978) I reviewed the original protocols again to validate the clusters. These clusters were then shared with the participants in a brief follow-up meeting to ensure the clusters or patterns fit with their experience.

After these clusters were derived for each family, I grouped similar sections or themes across interviews to determine the general pattern of the experience and elaborated them through imaginative variation by playing with metaphors, analogies and other concepts to come up with differing perspectives (Bogdan & Biklen, 1982). This general pattern, following the suggestion of Giorgi (1975a), was then shared with colleagues for support and criticism.

Moon, Dillon & Sprenkle (1990) note this process of returning to the original protocols and reviewing with others to look for incidents or perspectives to confirm or disconfirm initial assertions is "inductive and recursive" (p 362) and occurs throughout the data collection rather than at the end. While Colaizzi (1978) acknowledges that no phenomenon can ever be completely exhausted and other perspectives can always reveal nuances, the analysis can be concluded when the researcher is satisfied that few other tensions from contrasts or ambiguities arise. I discuss the resulting patterns as they relate to the original questions and previous literature patterns in the final chapter of this report (Giorgi, 1994; Peterson, 1994).

Trustworthiness

Heemsbergen, (1992) notes that rigor in qualitative studies involves the extent to which the investigation establishes trustworthiness; that is, the extent to which the method is logical and thorough, reflective of the participants' experiences, and produces findings that are useful. Kvale (1994) indicates that validity in qualitative research is not a true/false dichotomy but is about whether the method investigates what it suggests to measure and whether 'good craftsmanship' in research is demonstrated (p. 171). This view rests on the "coherence theory of truth" (Karlsson, 1993, p. 126) in which facts are not seen to be independent of statements about them. Truth is said to rest on the consistency of statements which can be made about a phenomenon. Karlsson suggests that validity in this respect is better described as whether the information as presented by the researcher is meaningful or nonmeaningful to others.

Two important concepts are essential in determining the extent to which these criteria are met (Heemsbergen, 1992). Audibility refers to the ability of others to follow the research plan and data analysis while arriving at similar conclusions. The less frequently conflicting interpretations arise from the psychological community, the greater the success

of the researcher in acknowledging the influence of her own biases or assumptions and contributions to meaning (Karlsson, 1993). Identifying prior assumptions and making clear definitions are essential components provided in this study to ensure the reader can audit the research process. To check whether the appropriate features of the experience and related meanings were identified, I used imaginative variation to determine if other conclusions could be drawn from the findings. Reviewing protocols again and ensuring clusters fit is another way to ensure the consistency of the interpretations, both with all the units of the protocol and between levels of explanation (Karlsson, 1993). If other conclusions are possible, the onus is on me to provide an auditable explanation why these other conclusions are less probable (Karlsson, 1993; Polkinghorne, 1989). The descriptions which follow in the next section outline the shifts in assumptions and hypotheses that arose through imaginative variation and constant review of the data.

Credibility is established if the method adequately portrays the client's experiences and makes sense to others. Credibility was secured by reviewing the initial analysis with the participants and editing until the portrayal adequately reflected their experience. Ashworth (1993) cautions against confusing the use of this review practice for ethical reasons with its use for measures of trustworthiness. He suggests participants' agreement or disagreement cannot be used as sole evidence of adequacy because of resistance to being understood or eager acceptance of understanding that is often displayed by participants. Similarly, Giorgi (1994) points out that the interpretation is translated as it relates to the research question and the discipline it is directed towards. He suggests that if participants do not have final approval on factor labels resulting from factor analysis, why should they have final approval on structures resulting from phenomenological methods? Therefore, while findings were reviewed with participants for purposes of ethics and credibility, both protocols and meaning interpretations were reviewed with a group of colleagues to ensure the logical development of these patterns and the fit with others' experiences of the data.

Some researchers indicate that multiple data sources provide triangulation or cross-method support for findings of qualitative studies and therefore improve trustworthiness (Jarrett, 1992; Moon, Dillon, & Sprenkle, 1990). In the current study, the emphasis was to obtain an initial and limited description and understanding of clients' experiences of listening to a reflecting team as a shared experience. Therefore, few data sources other than interviews were available in which data could be obtained from the whole family, especially considering the number of families exposed to this process is still limited. However, with the findings of the current study and as the reflecting team process is used more frequently, other designs may be appropriate to further develop the knowledge gained herein. Future

studies with therapists or team members will also help validate the reflecting team process, although providing a different perspective than the questions posed by the current study.

CHAPTER FOUR
INDIVIDUAL RESULTS OF FAMILY INTERVIEWS

In order to understand a general picture of how families experience the reflecting team procedure and specifically the listening position, the image reflected to me by each individual family is essential. Therefore, the following summary portraits depict my interpretation of what each family described. My attempt is to present their reality through my eyes, not what I might hypothesize about their situation from a therapeutic viewpoint.

As I listened to each of their stories, I often sat in amazement at how succinctly their descriptions highlighted points I was then reading in my review of the literature. However, the language of the families contained a certain eloquence not found in the professional writings. Therefore, I save the families' words for the discussion in the next chapter where I draw together their experiences and the literature to date. The thematic structures of their experience are also outlined in the appendices for further reference.

The Taylor-Unger Family

The first family I interviewed consisted of four members: Kay, wife and mother; Dez, common-law husband of Kay and stepfather to the girls; Lauren, the oldest daughter, age 21; and Olivia, the youngest daughter, age 17. Kay and Dez had been seeing their therapist for approximately six months while the two girls attended these sessions only occasionally. The reflecting team was conducted approximately two months prior to my research interview.

The format experienced by this family was unique in that several residents from a family medicine program observed not only the interview, but remained behind the mirror with the family while they observed the team's reflections. I was also in attendance for this session, although I was not introduced to the family members until we made arrangements for them to participate in the study. I first met them at their home on a local acreage. All members listened to my explanations although Lauren was simultaneously getting ready for work. Kay and Dez had the most questions about participation but also expressed the most interest. Kay, in particular, indicated her 'honor' in being involved and indicated interest in reading the completed study. The actual interview was conducted two weeks later at the private agency where they received counselling and experienced the reflecting team.

Two levels of meanings became apparent to me through the text of my conversation with this family. Although the members discussed their reactions to the reflecting team process, I observed how the patterns of interaction in the interview were characteristic of some of the comments they were making about themselves as individuals and the family unit as a whole. Therefore, I looked at their descriptions initially for what the words

suggested about reflecting teams and then looked to see what they suggested about the family's life in conjunction with my impressions from observing the therapy session and meeting the members at their home. I reviewed the findings with Kay and Dez but neither daughter was available for review. However, I left a written summary and invited them to call me if they had any concerns. The structure of their experience is presented in Table 1, Appendix D.

The Reflecting Team Process

Introduction to the Reflecting Process

My understanding of the family members' reaction to the team and consequently the listening position began with how the concept was introduced to them. Their primary therapist gave them a choice about participating in two types of supervised sessions--one with reflections, which was briefly explained, or a session without such feedback. They made their decision based on the session they were available for rather than interest in the type of session. When asked who was the most eager, Kay and Dez stated they were equally interested in participating but Kay indicated her willingness was based on an essential factor of trust in the therapist. The introduction for the daughters was quite different, however; Olivia finding out from her parents beforehand and Lauren indicating she was not aware they would be observed until she arrived for the session. Both young women indicated they did not initially like the idea. However, Lauren also stated she ". . . didn't really mind," which I interpreted as meaning she did not mind being observed any more than she minded being there at all because she did not want to be there in the first place. However, she may also have meant that while she disliked the idea, her dislike was not intense. Kay speculated her daughters' resistance was related to the fact they had not received the same contact with the therapist and therefore did not have the same level of trust that the experience would be valuable. Her daughters neither validated nor rejected this explanation when their mother offered it and they did not give further explanation of their initial resistance.

Being Observed

Given the context of these initial reactions, the individuals' experience in the listening position were also influenced by their experience in the interview portion of the session. For Olivia, the effect of being under scrutiny by others ". . .felt like a guinea pig in a lab," which I took to mean she did not like participating for others' purposes. The pressure of scrutiny was relieved for her when she was able to move to the listening position. Similarly, Lauren was able to express her displeasure during the first part of the interview so her emotional state had less of an effect when she moved behind the mirror. For Kay, on the other hand, the opportunity for feedback from a group of people meant she

no longer could hold back her primary concerns and led her to put them 'on the table' even if that meant acting uncharacteristically. However, this new way of acting and accompanying emotions influenced both her anticipation of and reaction to the listening opportunity, as outlined below.

Apprehension/Fear of Judgment

Most apparent to me was Dez and Kay's apprehension of how the team and the observers remaining in the room would react. The fact this concern was expressed by both parents forms an interesting contrast to the fact they were also the most willing to participate. Perhaps those who perceived they had the most to gain were also putting the most at risk. Primarily, they feared critical feedback but as Kay indicated, her trust in the therapist to protect and prevent them from being too harshly judged allowed her to take the risk. I found it interesting to note, however, that she trusted him to ". . .make sure this thing didn't get out of control here with all these people hammering on us." In other words, she trusted he would limit the negative impact she expected, instead of trusting that he would only suggest something positive. Comfort and anticipation of support from the therapist and other team members with whom she and Dez were each familiar also helped reduce the risk. Therefore, I assume previous therapy experiences had been positive if they expected comfort from these previous therapists. What then, contributed to the anticipation of criticism rather than expecting it to be as positive as previous experience? Is the apprehension related to more deeply rooted cultural expectations of therapy or a fear of the unknown? When I later reviewed these questions with them, Kay indicated her fear was related to the idea of taking a risk with the possibility she would regret it later. Primarily, she feared that her own negative feelings about herself would be confirmed and therefore the fear of judgment was related to a feeling of vulnerability.

Apprehension for Lauren, on the other hand, was more concrete. She indicated her discomfort stemmed from anticipation of a similar, previous experience she did not like while Olivia indicated she had no prior expectations.

In this situation, however, both Kay and Dez also feared being judged not only by the team but by the observers still in the room. For Kay, this fear stemmed in part from her embarrassment and discomfort over crying and reacting so strongly in the interview while for Dez it stemmed from his embarrassment over the tears which resulted when he actually received positive feedback from the team. Again, I presumed their experience arose from our cultural assumption that one should be ashamed of crying although Dez also indicated he was trying to hold back in order to continue concentrating on what the team was saying. However, I wondered whether the level of reactivity was the actual source of their concern and whether they might experience the same embarrassment and apprehension if they

expressed different but equally intense emotions. Such may be the case particularly if these emotions were unfamiliar to them and were connected to uncharacteristic behavior or new ways of acting; therefore, the couple would be uncertain what reactions to expect from others. When I reviewed these possibilities with Kay and Dez, Kay agreed part of her concern was related to the belief that showing a lot of emotion is a bad thing. When Dez offered his perception that some people may fear their own inner emotions, Kay explained that her belief was connected to her concern that by showing intense emotion, she feared being judged as less of a person or that others would not see her as capable as she really is. Therefore, her fear was related to notions of competence and she indicated these concerns were not specific to the reflecting team situation but were part of a more general feeling she has about herself.

A related concern was with what I call the loss of anonymity, particularly for Lauren and Kay. While both were concerned about first coming into contact with the team and observers, Kay was also concerned about meeting them again in another setting and how she might react. She attempted to control this concern by avoiding eye contact with them when she entered the room. Lauren indicated her fear dissipated when she did not recognize the team members although she was still conscious of the observers while in the listening position. Kay found that she was no longer concerned about anonymity after the positive outcome of the session and after meeting me and agreeing to participate in this research. Again, I wondered why being recognized would be a concern, but based on my experience with other clients and Kay's additional explanation, I interpreted it to be implicitly related to the fear of judgment and desire for social approval.

Process of Listening

Once the family members were able to move into the position of observing the team, a number of factors related to the process of listening influenced their experience. The relief from scrutiny for Olivia and Lauren's relief of having stated her resistance to being there allowed the team's reflections to capture the interest of both girls. Lauren, in particular, stated she found the detail of the team's analysis most surprising. However, when I asked, each family member except Olivia acknowledged interference in their listening concentration. Dez, Kay and Lauren noted how their attention was divided among other things in their conscious awareness. Kay and Lauren noted awareness of their physical proximity to the medical student observers and Kay noted the quietness in the room which she interpreted as positive rather than judgmental as she had feared. Kay and Dez noticed the reactions of other family members and Dez, when I asked, indicated he was aware of the team not requiring a leader to keep a direction.

To me, however, the more significant interference was the effect of emotional spillover from the interview on what the clients were able to hear. This effect was most prominent for Kay who noted that how she felt about herself after her behavior in the interview tempered the effect of anything positive the team said. She also reported hearing things that reinforced her negative self perception. Even though she thought she was listening attentively, she noted that a misperception was a possibility. She still felt badly and feared judgment for her behavior; however, she described the chance to act uncharacteristically as a benefit. She also wanted to question the reinforcement of her negative self perception by a team member. Therefore, while the emotional spillover obviously interfered with listening, Kay seemed to experience conflicting reactions to her behavior. She later clarified that these conflicting reactions were also part of the up and down process involved in deciding whether the overall experience was positive or negative.

Lauren also indicated a bad mood prior to the session influenced her experience but being able to express it up front prevented it from interfering in listening.

Outcomes of Listening

Despite such interference, the family indicated to me the overall outcomes of the listening experience were positive. The reinforcement provided by the team's reflections had a significant impact, particularly for the parents. It had the immediate effect of relieving the apprehension for Dez and provided an experience he felt was absent in his younger years. Like many parents who feel overwhelmed with negatives, the experience of having several 'experts' recognize positive strengths in their family members and recognizing their struggles as normal was validating for both Kay and Dez. Kay's comments in this regard were particularly interesting considering she also heard things that reinforced her negative self perception. Obviously, she heard sufficient comments to cover both aspects. Although Kay did not indicate as such, perhaps her perception of both negative and positive reinforcement contributed to the insight she gained into her own pattern of behavior which, reportedly, she is now motivated to change. For Dez as well, the effect of positive reinforcement motivated him to continue counselling and continue looking to identify positive features in other family members.

If positive reinforcement has such a profound effect, how is a reflecting team any different than feedback from the primary therapist or co-therapists? Kay drew the analogy between looking at someone face on and standing behind them while they look in a mirror where you can observe how they see themselves. Thus, hearing the team's conversation was like standing in a new perspective. She, Dez, and Olivia also noted how the distance and separation of the team from the therapy process allowed the team to reflect a picture of the whole interaction quite different from the individual parts that would be seen from

within the family system. Yet, the reflection was not a single unit but a gathering of multiple ideas. Each team member had a slightly different view but, when combined, they were sufficiently unified to provide a rare but powerful impact. Sometimes, however, the multiplicity of ideas became a drawback because of limited memory, the selective attention of each family member, and the amount material to process, although Dez indicated he did not find the amount overwhelming. Having a limited perspective and memory also applied to the primary therapist as Kay indicated he may have a broader view than family members but essentially joined the internal view of the family system in the interview and listening position.

She also indicated that in establishing a relationship with one counsellor she expected positive feedback from that individual. On the other hand, hearing from a group of strangers who have an external perspective allowed her to take those ideas in, compare them to her own perspective, and either integrate or reject them. In other words, while the team members act as a mirror, it is the client who interprets their reflections. Similarly, Dez made a statement indicating he not only appreciated hearing positive statements but accepted their validity for the most part. Olivia, however, pointed out that the team's reflection were based on a brief exposure and thus the reflections were not entirely accurate in her opinion. In order to be more confident in their acceptance or rejection of the team's reflections, then, all family members indicated their interest in a chance to clarify, respond to, review, or address emotional reactions to what they heard.

Suggestions for Format

As a result of their experience, then, the family members had a number of concrete suggestions to improve the reflecting team format for them. To relieve her anxiety over recognizing team members, Lauren would have preferred to meet them prior to beginning the interview. Dez and Kay indicated their need to clarify the team's reflections could be addressed either through continuing the dialogue and having more than one exchange between the family and the team or through taping the session for review at a later time. The daughters agreed with this latter idea. Kay's desire to view the tape at home suggested to me the need for privacy in responding to what the team said. The other family members, however, felt it would be better to review the tape with the counsellor. Dez also indicated he would have felt freer to respond emotionally if he had privacy when first listening to the team's reflections. Finally, the risk of misinterpretation and need to clarify would be reduced for Kay if team members would clearly identify who they are directing their comments towards before they speak. Given the divided attention and emotional interference this family expressed as occurring during their listening experience, having the

team members clearly repeat the person's name may help that family member focus their attention on what the team is saying.

Process of Family Interaction

Agreement/Disagreement

Most families enter counselling because of some form of conflict. Although we did not discuss the family's reasons for seeking therapy, the presence of tension was obvious in my observations both during the session and when I first met the family at the home. Yet, when I examined the text more carefully, there were a number of instances of agreement. These included consensus about the history of events, consensus in reactions to the listening experience and agreement about the value of suggested changes in format. When opinions conflicted, I did not feel they were presented as a correct viewpoint versus an incorrect one, but rather as a statement of individuation or position within the family and acceptance that another's position may be different. Furthermore, Kay indicated that while the focus of the discussion was conflict, had the team been too intrusive or too hard on one member, a sense of loyalty would have aroused reactions from the others. Similarly, Lauren stated her explicit sense of family caring despite a lack of demonstrated affection and Kay acknowledged a sense of their family 'style'. Thus, while the family members may be addressing internal conflict, they would display unity externally if attacked; yet, there is also a sense of internal unity although this affection may not be apparent externally.

Fulfillment of Roles

In keeping with my bias that members serve different roles or functions within a family setting, I perceived how this balance between internal/external agreement/disagreement, what was taken from the listening experience, and the direction and pace of change or progress were maintained through the roles fulfilled by members of this family. Dez, for instance, referred to himself as the one that was pushing for counselling, wanted to continue pushing to bring out the good side the others, tried to clarify how much affection was acceptable in the family and ensured that Olivia had a chance to speak from her perspective. Therefore he appeared to me as the 'family motivator.'

Besides the fact Kay had the most thoughts and comments about the reflecting team process, her role as 'family analyst' was apparent to me more through her speculation of the reason for her daughters' resistance to participating, Olivia's comment that her mother's analogy about looking in the mirror was ". . . a little...deep,", and by the tone of the rest of the family's reaction that watching a tape of the session at home would not be a good idea, even though Kay indicated her interest. The rest of the family seemed to be saying 'We know you like to analyze, but sometimes it goes too far.'

'Going too far' also seemed to be a theme in Lauren's role as she was the one to express caution in changing too much too fast and thus I saw her as the 'resistor of change.' She was not too keen about participating in a new type of session, did not want to be forced to demonstrate affection she wasn't used to, and even though she acknowledged other family members may be trying to make a shift in that regard, she held firm that such a shift was not necessary for knowing a sense of family caring.

Although Olivia similarly did not want to be involved at first, her resistance was based more on the fact she perceived herself as distant from the problem. However, she was present for both the session and the interview and while her comments were minimal, they were no less significant. For example, she was the one to point out her mother's analysis was perhaps a bit "deep." She reminded everyone that the team's exposure to the family was brief and therefore, the picture was bigger than they saw but asserted that she had little else to contribute either from the perspective of her age or the perspective of a family member who did not want to be there. Thus, she appeared to me to be the 'linesman of the boundaries' for keeping the other members on track and for defining the limits of the problem.

Summary

As demonstrated above, I found the family members' descriptions of their experience to be rich with thoughts, reactions, and suggestions. I thought the factor of having additional observers remain in the listening room had a profound effect, although not necessarily on the overall outcome of benefit to the family. However, the preconditions of relationship with the therapist, understanding of how the family anticipates feedback, and effects of what occurs immediately prior to and during the interview portion of the session were important considerations.

The Sims Family

The second family I interviewed consisted of a couple, Eli and Bob. Their two teenage children did not participate in therapy. Eli and Bob had been together for 22 years and married for 14. They saw their therapist for approximately six months when a conflict in scheduling forced them to take a break for several months. During this break, they felt there was a digression in the progress they had made. Shortly after they reinitiated therapy, their therapist suggested the reflecting team procedure and they then participated with the team approximately two months prior to our research interview. I first met Eli and Bob at their urban home where they welcomed me and expressed their openness to participating in

this study. The research interview was conducted at the private practice agency where the team process took place.

Although the order of orienting questions was slightly different than with the first family, the questions asked were primarily the same. However, Eli's description at one point prompted me to ask the additional question, "If you had to pick one word to describe it [their experience] would you have a word for it?" In conversing with them, I found Bob and Eli to be both soft spoken and reflective. Despite the tense situation they described, I noticed they spoke with laughter and much perspective about their thoughts and reactions towards their experience at the time. Although most of the text was concentrated on the actual reflecting team process, I also noticed the process of conversation they used in reconstructing their experience. The structure of their experience is presented in Table 2a, Appendix E and the analysis of meaning units is presented as an example in Table 2b, Appendix F.

The Reflecting Team Process

Initial Context

One of the things I found most essential to understanding Eli and Bob's experience was knowing the context of their situation when the reflecting team was suggested. Feeling as though they "took two steps back" during the break from therapy, the conflict was so intense when they saw their therapist again that Eli described feeling the situation was "hopeless" while Bob expressed a similar feeling of discouragement and repeating the same patterns. Because she was dealing with both her husband and a male therapist, Eli expressed the feeling of being "ganged up by men." Although she did not express this feeling at the time, she wondered whether a female therapist would have been a better choice. However, I assume the couple must have held some level of trust in their therapist to react positively to the idea of a reflecting team and simply follow his suggestion. While Bob indicated he thought the therapist had an interest in trying a different strategy, Eli thought the chance to do something different would be "fun" and she was particularly intrigued by the concept of the "two way mirror."

Being Observed

However, Eli did not find the experience "fun" and being on the front side of the mirror had its drawbacks. I found it interesting to note the difference in how the couple handled initial contact with the team. While Eli wanted to meet them before beginning the interview with the therapist, Bob preferred to remain in the interview room. Neither one explained the reasons for their preference nor whether these different introductions had any effect on the remainder of their individual experiences. However, when I reviewed the results with them on a later date, Eli indicated she felt a sense of security in identifying the

team members while Bob felt more secure in remaining anonymous. During the process of the interview with the therapist, Eli remembered a sensation of increased body temperature which she attributes to her awareness that others were watching. However, the most noticeable effect of the observation period was the couple's perception that its brevity and the lack of prior contact may not have provided the team an adequate opportunity to get to know and understand the couple or assess the situation. My sense is that Bob and Eli's perception of this limited exposure combined with their own feelings of hopelessness and discouragement were factors in how they received the team and the content of the reflections.

The Listening Position

When Bob and Eli traded places with the team, I picked out a number of their descriptions referring to the effect of being in the listening position. Eli, in particular, made a number of comments related to her emotional response. She first described her struggle to hold back from crying but she did not elaborate on what feeling she associated with those tears. When I asked her about it later, she could not attribute a feeling but indicated crying was a way of reducing the emotional intensity she experienced. Although she was trying to restrain the tears, she also indicated the darkness, seclusion, and I would interpret, separation from the team helped her to feel safe, free from judgment and free to respond and focus on her own thoughts. While listening she indicated awareness of anger but also guilt for feeling angry. I connected these feelings to a spillover of emotion from what she was experiencing before and during the interview. For example, Eli noted that her reaction to one team member's comments may have occurred because she was so mad at Bob and ". . . didn't want anyone else to point out anything,". She also noted she did not feel that anybody really understood her but I suspect she was not feeling understood in the first place as I interpreted from her initial feeling of being "ganged up by men." Eli also indicated her feeling of not being understood might be related to her feeling of helplessness with what was happening at the time. However, both Eli and Bob indicated the chance to switch from talking to listening brought relief from conflict and relief in knowing someone else would have the responsibility of addressing their concerns in a manner that was safe instead of confrontational. The couple also agreed their attention was most focused on their own thoughts during their listening time but Bob noted the benefit in gathering a reflection of himself from the perspective of others.

Perceptions of the Team

Although each person's focus might have been on his or her own thoughts, Bob and Eli also expressed many perceptions of the team. Bob expressed some concern about the authenticity of the manner in which the team members spoke, basing his assumption on

the overall tone and being curious about how the members reflections would be different if they were not being watched by the couple and were not aware of each other. In other words, he felt the team's responses were inhibited not just for the sake of the couple but as a result of the roles within team dynamics. Eli, however, felt that the careful tone of some comments was "a good idea" because of the fragility of relationships. She also felt she might not want to hear a more 'off the cuff' response.

Regarding particular comments from the team, Bob also referred to one member's repetition of a point as an attempt to contribute a particular theme. Eli perceived one team member as speaking for or favoring her husband although, as mentioned previously, she indicated her perception may have been influenced by her emotional state at the time. Also related to her feeling of not being understood and to feelings of anger was her perception that the team's reflections were not personal to the couple's situation but instead based on generalized theory and experience. Bob, too, indicated the possibility the team made "snap judgments" and then gave "programmed responses,". However, Eli acknowledged that part of a therapist's role is to make judgments based on experience. Bob also indicated his feeling of being quickly assessed may not have been accurate because therapists are assumed to be experts at perceiving problems and personalities and therefore may not require a long time to do so. He did not feel Eli and he could judge whether they had been fairly "assessed" or not. Bob also downplayed the significance of their position in relation to the experience of the team when he indicated his appreciation of the team listening to ". . . our little problems which are probably very repetitious to them, and, have heard it a thousand times before or something,".

Effects of Content

Although I sensed Bob and Eli reacted strongly to the team but were questioning of their own judgment, I felt they were clearer about their reactions to specific content of the team's reflections. Eli noted the exchange of multiple ideas helped her achieve a better understanding of her situation and helped her recognize how her reaction to feelings of helplessness was to blame the therapist. At times the validity of the team's reflections was questioned, as when both Eli and Bob were aggravated by one member's repetition of a point they perceived to be irrelevant. I pointed out earlier that Eli was angered by the lack of personalization she perceived in the team's comments and expressed her feeling of not being understood or supported. However, the couple also recognized some very valuable effects of the team's statements. Eli acknowledged that some of their reflections were accurate and the support she did receive for the significance of one concern was very validating. The couple also acknowledged the feeling of importance gained by having a group devote time and energy to the couple's concerns. The team pointed out the couple's

strengths and motivation for attending counselling which husband and wife had taken for granted. Hearing the reflections of several male and female therapists helped Eli increase her trust in the primary therapist and resolve her concerns related to gender. Finally, Bob indicated several times that the overall experience was helpful and he would recommend it to others.

Suggestions for Format

Given the breadth of feelings about their experience, when I asked Bob and Eli if they had any recommendations for other therapists and clients who might try this approach, they had a few suggestions. Bob, as mentioned earlier, would have preferred to hear the honest reflections of individual team members, without the influence of the members knowing the couple would listen and without the influencing presence of other team members. However, he also recognized the impossibility of creating that opportunity. Upon review of his comments, Bob added that within a large group, team members appear more anonymous and may conform to a theme whereas having a smaller team of perhaps two to three persons might allow members to be more frank. As well, both Bob and Eli expressed some value to review of the team's points. Bob suggested that at the end of the team's presentation, having each member summarize their key perception of the problem or key recommendation would help him go away with a good sense of direction. Eli commented to me that discussing the events through the research interview had been helpful and that reviewing a videotape of the session would also help her remember and reflect on what was said.

Thus, my understanding of Bob and Eli's experience was that while they perceived some frustrating and uncomfortable aspects to the reflecting team process, the distance of time has helped them recognize the role of their own experience in their judgments which then allowed them to recognize the value of the process. Therefore, they were able to contribute some constructive suggestions.

Process of Conversation

I would also guess from my observations of the couple's tone and process of conversation that the distance of time has deflated some of the conflict occurring during the period of the reflecting team. While I did not perceive either person as fulfilling any particular role, I noticed that they worked collaboratively in reconstructing the time sequence of events and, on several occasions, agreed with each other in their reactions, responses and perceptions. Although Bob spoke from his wife's perspective in one instance and Eli once responded to a question that was meant to clarify something Bob said, they agreed with each other's explanations. Some of their comments appeared to surprise each other, as when Eli discovered Bob was also aggravated by a comment she

thought would favor him. I thought Bob was somewhat surprised when he asked his wife to further explain some of the reflections she thought were most accurate. Bob also recognized the value of his wife's thoughts in a couple of cases when he acknowledged them as ideas he agreed with but which he would not have identified on his own. They seemed to me to be achieving mutual understanding and support, things that are usually incongruent with couples still embroiled in conflict.

However, I was most struck by the parallel patterns each displayed in expressing criticism and then rationalizing or justifying the team's position. For example, Eli indicated she felt the team's comments were not personal but then responded that making judgments based on experience was part of a therapist's job. Bob then concurred that the brief exposure of the team led the members to make quick judgments. However, he immediately acknowledged that therapists are professionals at perceiving people and the couple may have been judged fairly. Finally, Bob and Eli agreed the attention of the team provided a sense of importance but then Bob downplayed the significance of their situation with respect to the team's experience. As happens for many of us when working with someone who is assumed to have more expertise than ourselves, I thought Bob and Eli were not fully comfortable with their judgments of the team. While this response is natural, it is indicative of the power imbalance between the therapists and clients which the reflecting team process is intended to counteract.

Summary

Therefore, the experience of this couple has much to add regarding our understanding of how the reflecting team process is experienced. The tentative and positive manner in which the reflections are offered must be balanced with attempts to be authentic. The pre-existing state of the family and the size of the team in comparison to the size of the family are other considerations in achieving this balance. The chance to review on another occasion also seemed to be an important consideration for the couple in fairly evaluating the process as they mentioned that our discussion had been helpful in putting their experience in perspective. Finally, the couple concluded during review of the results that one of the most effective factors of the reflecting process was the freedom to choose what to accept of the team's reflections without consequence. Perhaps, then, the couple recognized a more appropriate balance of power after all.

The Hanson Family

I met the third family, the Hanson family, at their home in a suburban town. The parents, Doreen and Frank, participated in the reflecting team process with two of their

daughters, Beth, age 17, and Toni, age 11. A third daughter, Lydia, had been keen to participate but was out of town when the session with the reflecting team occurred.

Although individual family members had been seeing the therapist for some time, the whole family met with the therapist three or four times prior to the reflecting team session. The reflecting process occurred approximately four months prior to the research interview and the family had seen the therapist three or four times during that interval. Frank, in particular, expressed support for the work the therapist had been doing. However, all family members, but particularly Frank, were concerned their recall of the reflecting team session was limited due to the intervening time period and subsequent sessions. They expressed great concern about whether the current interview would be effective or beneficial. While I acknowledged that having done the interview sooner might have produced different results, I assured them that what they could currently provide would still be helpful.

I conducted the interview on the same occasion that I first met the family. Due to time restrictions, the family members requested I interview them in the home where the parents and younger daughter lived. Consequently, they did not benefit from the memory aid of being interviewed in the same room as the reflecting team occurred and our time together was interrupted by other occurrences in the home. Frank left the interview on two occasions, once to attend to what was occurring elsewhere in the house and once to answer a phone call. As he had been reasonably quiet up to that point, the interview proceeded and was concluded in his absence. However, he subsequently indicated he had nothing further to add.

Although I noted several occasions of agreement and difference of opinion throughout the transcript, I did not have the same sense as with the previous families that this agreement or difference was characteristic of the roles or personalities fulfilled by the members within the family. Therefore, the structure of the themes I discovered through review of the transcript is limited to description of the reflecting team process itself. The structure of their experience is presented in Table 3, Appendix G.

Introduction to the Reflecting Process

I believe one of the most influential factors in this family's experience was the manner in which the members were introduced to the concept. Although they were all present when the therapist introduced the idea, it was explained as the therapist's turn to participate in a process with her colleagues; therefore, the family perceived the primary benefit was for the therapist, with the indirect potential for benefit to the family. According to Frank, the motivation for participating, then, was to help out the therapist. When I later reviewed these results with him, he also indicated he felt a bit like a guinea pig in

participating for the benefit of professionals. As a result of how she viewed the purpose, Doreen stated she was unsure whether she had any other prior expectations. The one family member who was most excited by the idea and most eager to participate was the only one unable to be there at the time the reflecting team was actually conducted.

Being Observed

In describing their experience, the family members noted they did not have the opportunity to meet the team members prior to beginning the session. While Doreen indicated she thought such an opportunity might put individual family members more at ease, both daughters indicated they did not think such introductions would have made a difference in their experience. In contrast, the daughters indicated the process of being observed felt "awkward" for them while Doreen indicated knowing others were observing did not bother her. She also indicated that whether the team was present in the same or a different room made no difference to her while both daughters indicated they valued the privacy and distance of being in separate rooms. Upon review of these results, I asked the girls what they valued about the privacy. Beth stated that being in separate rooms was less distracting and imposed less pressure in thinking about how to impress the team or what they might think of her.

Although both daughters had difficulty articulating specifically what bothered them about being observed, Beth stated she did not want to become "too emotional" in front of the team and therefore she felt she wanted to "hold back". Reviewing the results, I clarified with Beth what contributed to her feeling of wanting to restrain her emotions. She indicated she did not like to have other people see her hurt and felt embarrassed about the manner in which she cries as she feels it is more juvenile than age-appropriate.

Listening

When the family had the chance to move into the listening position, Doreen and Frank noted family members were most attentive to the team members when they were speaking about that individual. At other times, Doreen was aware that family members were not paying attention to what the team was saying and were looking around elsewhere in the room. When I asked if they were aware of anything in the room with the team other than the conversation, no one recalled anything of note.

Reflections

With respect to what each member heard in the team's reflections, Beth was the first to say she was surprised by the way the team viewed her family and was interested in what the team had to say. The remainder of what the family remembered had more to do with their memory of individual team members. Doreen and Frank both reacted negatively to the emotional intensity of one team member. Furthermore, the strength this team member

attributed to their family, Doreen attributed more to a condition of counselling. Therefore, both the manner and content of what this member said were not well received. On the other hand, Doreen and Beth remembered another team member who drew a personal analogy to the family. Although the point of this member's reflection was similar to the other team member, Doreen indicated this reflection was not uncomfortable to hear and she agreed that it was an accomplishment for her family.

Overall Response

How then did what they heard influence the family members' overall response to the reflecting process? Frank was ambivalent although he indicated his willingness to participate again. Toni indicated "it was fine" but could not elaborate further so I interpreted her reaction as positive but reserved. Consistent with her perception the primary value was for the therapist, Doreen indicated she did not gain any personal benefit or concrete strategies but acknowledged she may not yet be aware of the full effect. Similarly, Frank and Beth indicated that because there have been several sessions since that time, the memory of the reflecting team may be confused with other sessions and thus they are uncertain of the contribution of that session to the whole counselling process. Beth, however, indicated that while the overall effect of the reflecting session did not help a great deal, she valued the multiple discussions and opinions in bringing out issues. She later added these discussions gave her more hope and encouragement. Both daughters also identified the motivating effect of hearing positive reinforcement and wanting to continue to live up to those reflections.

Suggestions

As a result of their experience, the family had little to offer in the way of suggestions for improving the format. However, Frank noted that he would like to participate in this type of process at least three times before evaluating its effectiveness.

Summary

My perception, after speaking with this family, was the members were not fully attentive to the conversation during the listening position because they viewed the process as primarily to benefit the therapist. The parents did not perceive any particular benefit to participating. As suggested by the daughters' discomfort with being observed and Frank's suggestion to experience it on more than one occasion, the family's attentiveness in the listening position may also be related to unfamiliarity and unease with the process. However, the members' willingness to participate again, the benefit of multiple discussions and motivating effect for the daughters suggested to me they recognized some value to the process.

The Zender Family

Although the five members of the Zender family participated in the reflecting team process, I met with only the parents, Kate and Norm. They have three teenage sons--twins, Chris and Sam age 17, and a younger son Heath, age 14. While I had the opportunity to explain my study to Sam, I did not meet the other two sons and all three siblings declined participation in the research interview. However, I felt I would still find value in what the parents might offer and therefore proceeded with the interview without input from the sons.

When I first met the parents at their suburban home, Kate assured me that despite having participated with the team almost nine months previous to our conversation, her memories were very clear. Later, when we met at the private agency to record the interview, Norm explained he and Kate did not feel the reflecting team session was a positive experience. Some concerns with Sam were the reasons for seeking counselling at that time and they met with the primary counsellor for only one or two sessions before the reflecting team occurred. Although Norm and Sam attended one or two follow up sessions, the lack of perceived progress led them to terminate counselling.

In describing their reasons why the experience was not positive, Kate and Norm answered many of my original questions without prompting and any additional questions I asked were attempts to clarify something the couple said. Although a few key themes were common to all aspects of their experience, I found that distinguishing these themes within each stage of the reflecting team procedure was valuable to my understanding of the whole process. While Kate and Norm described typical roles or personality styles for each of their family members and these styles impacted what occurred, I did not feel these styles specifically influenced the listening experience. Without the participation of the sons, I could not confirm how these styles might influence the process of our conversation together. Therefore, the structure of the couple's experience outlined below focuses simply on each stage or step of the reflecting team procedure. The structure of their experience is outlined in Table 4, Appendix H.

Introduction to the Reflecting Process

As previously mentioned, the primary therapist introduced the idea of the team quite early in the course of therapy and few sessions occurred afterward. As far as the couple knew, the therapist suggested the team based on a convenient opportunity rather than any other reason. Upon review of the results, Norm added that they understood the therapist

filled a commitment to his colleagues by presenting a family and that the procedure was intended as a learning experience for the therapist as well as the family.

The parents learned of the idea first and explained it to Chris and Heath but were uncertain whether Sam knew prior to arriving for the session. However, the therapist reviewed the procedure at the beginning of the interview when everyone was present and briefly introduced the team. Originally, Norm found the idea of receiving multiple opinions to be appealing and both parents were the most eager to participate. However, they stressed that Chris and Heath were also willing to try whatever might contribute to resolution with Sam.

The Interview

Prior Expectations

Because of her openness to new information that might provide an opportunity for growth, Kate indicated her positive anticipation of the event and envisioned reinforcement of a cohesive family goal. Upon review, she added her hope that the session would be a 'wake up call' for Sam to realize what benefits he had and what he needed to do. She expected the interview to be a chance for the team to observe the typical dynamics of communication or interaction within the family, with the therapist's role being to draw out those dynamics and individual opinions. After her experience she viewed these assumptions as 'wrong'.

Process of the Interview

Viewing the initial interview as an opportunity for the team to gather information, Kate noted the short period of exposure to the family and little background gathered from the parents regarding prior awareness and attempts to deal with the problem. Most significant to Norm and Kate, however, was the focus on strengthening Sam's self esteem above anyone else. Other family members were not provided the opportunity to elaborate on their responses to questions asked of them. Despite Kate's feeling of being 'cutoff', Norm noted the awkward flow of the interview and pregnant pauses .

Although these difficulties were of great concern, the parents also stressed their compliance in following the direction of the therapist and placing their trust in expertise. Compliance was also based on the couple's awareness of time restrictions. Norm felt the reason he did not speak up about his displeasure with what was happening had more to do with his stage of personal development at that time than being reserved because a team was present.

Emotional Response

The couple's perception of what happened in the interview produced a number of emotional reactions. Both parents were angry at Sam for his behavior and at the perceived

intent of the interview. Coinciding with anger were frustration and a sense of powerlessness that other family members were restricted or 'cut off' in their attempts to portray their own perspective. Because of the anger and frustration, each parent experienced empathy for the other and for their sons, Chris and Heath. The experience created a high level of emotional intensity, particularly for Kate. Finally, both parents, looking back, expressed what I sensed as guilt regarding their lack of assertiveness to interrupt a process they perceived as defeating.

The Listening Position

Attitude

What happened, then, when the family moved into the listening position? Despite Kate's emotional state, she hoped the listening portion would meet her expectations better than the interview. She anticipated specific descriptions of problem situations and concrete recommendations from the team. Norm expressed curiosity about what the team would say and indicated he did not feel intimidated by the size of the team because he was so motivated to find a resolution to the problem.

The Room

Once the family transferred into the listening position, Norm found the physical separation from the team indicated to him he was 'not allowed' to speak and thus his voice was further restricted. He and Kate agreed the darkness of the listening room isolated each person unto themselves, thereby making them unaware of other family members' reactions. However, Norm stated such isolation allowed him to concentrate on the team's reflections while it allowed Kate freedom from embarrassment over her sniffling after crying so intensely.

Reflections

I felt the most significant impact of what the parents heard was, again, their perception the team intended to build Sam's self esteem over supporting family cohesiveness. Norm particularly found the team did not reinforce the values of shared responsibility and compromise he considered necessary for family functioning. While I contemplated that the parents' reactions to the interview colored what they heard in the listening position, Kate's hope after the disappointing interview and Norm's curiosity about what the team would say made me think the couple was at least open to hearing a difference.

Another significant concern for the couple was a missing sense of reinforcement. The parents felt equal recognition was not given for the efforts Chris and Heath had made within the family. Norm indicated some personal reinforcement would have been valuable for him at that time, and Kate stated feeling badly Norm was not given greater

acknowledgment in the reflections. Furthermore, Kate felt the team neither sought to discover nor acknowledged the parents' past efforts to address Sam's self esteem and other dynamics within the family. Therefore, Kate and Norm viewed any comments that were complimentary as superficial. While Kate remembered some hypothetical questions posed by the team, they did not have an impact.

Reactions

Kate described her emotional reactions to the reflections as anger, frustration and hurt with emphasis on the hurt. However, she and Norm acknowledged the therapist and team might be 'right' in the approach taken despite the lack of benefit for their family. Because she was unaware of what background had been provided to the team, Kate recognized that the team member's focus on Sam resulted either from their professional judgment or a lack of information. She also realized individual team members would have their own bias or view of the background events that had been shared with them. Finally, while she acknowledged Sam's contribution to past family progress, she did not feel its importance needed to be drawn to his attention and inflated.

Post-Listening Interview

Although Kate and Norm experienced a variety of responses to the team's reflections, they did not feel they had the opportunity to comment when they moved back to the interview room with the therapist. What they desired most at that point was direct interaction with the team, although Norm described his desire based on hindsight rather than what he might have wanted at that time. Kate indicated she would have been willing to answer questions posed by the team if that would have helped. She also expressed some guilt or sense of responsibility for not asking to speak directly with the team. However, their primary concern, along with that of Chris and Heath, was their continued inability to convey the larger perspective of what was happening in their family and what Sam's behavior was like at home.

Instead, they perceived the focus to remain on building Sam's self esteem as he became more active in this second interview and the therapist continued to support him. Neither when passing the team in the hall, nor in either interview did anyone comment on Kate's level of emotional distress. Although Norm conceded the time required for the process they desired may not have been available to the therapist, he continued to indicate some guilt over not expressing his feelings about what was happening.

General Outcomes

Consequently the parents went away disappointed in unmet expectations, and with feelings of defeat and hurt. While they both indicated they let go of any feelings after a couple of weeks, Kate acknowledged she still holds some resentment. For a period of time

afterward, Kate and Norm perceived Sam as displaying an attitude of inflated self importance towards his role in the family and they felt the development of his emotional maturity may have been delayed by several months. However, they conceded the reflecting team process might be worthwhile for Sam if he was alone but that it was not helpful with the others present.

Despite this negative evaluation, when asked if they could identify any benefits, Norm and Kate agreed the strong emotions evoked by the situation became an opportunity for them to explore those feelings and strengthen their personal resolve. Both stated they would be more assertive in a similar situation now and Kate admitted they may have needed to learn more at that time before the issue within their family could be resolved. All in all, Norm indicated their motivation to resolve their situation would prevent any long term impact or harm; therefore his response to being contacted again was both surprised and pleasant.

Recommendations

When I asked the couple about recommendations, then, Kate suggested conditions that were the direct opposite of her experience. Most important to her would be the opportunity to interact with the team before the interview with the primary therapist and after the team provided its reflections. Her goal would be to share both background information and expectations of what she would like to accomplish from the session. In facilitating this sharing and to help the team observe the most naturalistic perception of the family, she recommended the therapist be as nonintrusive as possible in the initial interview.

Summary

In speaking with Kate and Norm, I found the key aspects of their experience to be few but strong. Most evident was their sense of hurt and anger towards their son, the therapist, and subsequently the team. While I thought their frustration of being unable to express their viewpoint was most relevant to the initial interview, I sensed their hope that the team's reflections would provide a second chance for the dynamics within the family to be identified and the importance of working together as a family to be reinforced. However, the perceived lack of support or validation in the team's reflections made the experience even more upsetting. In this case, the significance of the reflecting team process lies as much in what the team members did not say as in what they did. The experience of the listening position for this couple, then, centers on their perception of reflective content rather than any other focus of attention. After reviewing the results of the research interview, though, Kate and Norm noted that participating in the research helped them clarify their perceptions and reactions to what occurred.

Chapter Summary

Thus, the descriptions provided by the above four families depict a range of experience. While each of the families identified positive and negative features, two of the families found the process to be essentially positive, one was generally ambivalent and one family described a negative effect overall. Each family focused not only on the members' experience of the stages in the reflecting team process but their reactions to the content of the sessions. In the following chapter, I review how the nuances of the families' situations contributes to differences between them but also how the similarities emerge into a general pattern of the clients' experience.

CHAPTER FIVE
DISCUSSION

Even though one of the primary questions I ask in this study is how the family members' experience of the listening position influences their overall experience of the reflecting team process, I did not expect their description of listening to be so dependent on other aspects of the procedure. While I heard many similarities between clients as I listened to family members speak, subtle differences arose when I examined the meaning units more carefully. While I considered broader themes that might apply throughout the process, in the end I continued to find the greatest understanding through separating the specific stages of the procedure. Thus, the pattern that emerged for me is not specific to the listening position, but highlights it. The four broad components of the clients' experience then, include Introduction to the Process, Being Observed, Listening, and Outcomes. Figure 1 outlines the connections between these four components. In describing the Listening experience, clients made reference to the previous components of Being Observed and the Introduction to the Process. Thus, the relationship between the first three components is recursive. However, the figure is not closed because the resulting interaction leads to Outcomes of the reflecting team session and ultimately of the therapy. Within each of the four components, though, I identify a number of subthemes which more specifically depict the families' experience. These are explained as follows.

Introduction to the Process

An essential component to understanding the clients' experience was to know something about the context of the family's situation and the expectations clients brought to the session in addition to the existing relationship with the therapist.

Pre-context and Expectations

Position Within Therapy

Although we rarely discussed details of their situation, members of each family usually explained to me some aspect of their feelings or expectations immediately prior to participating with the reflecting team. Specifically, I asked about the number of sessions each family had with the primary therapist before the team session as I wondered how the position of the team within the entire process of therapy affected the outcome. I found a variety of points at which the team was introduced. Although the parents in the first family attended therapy more consistently than the daughters, the overall experience was interesting for all family members. In the third family, the members participated in therapy individually for some time but the entire family attended three or four sessions prior to

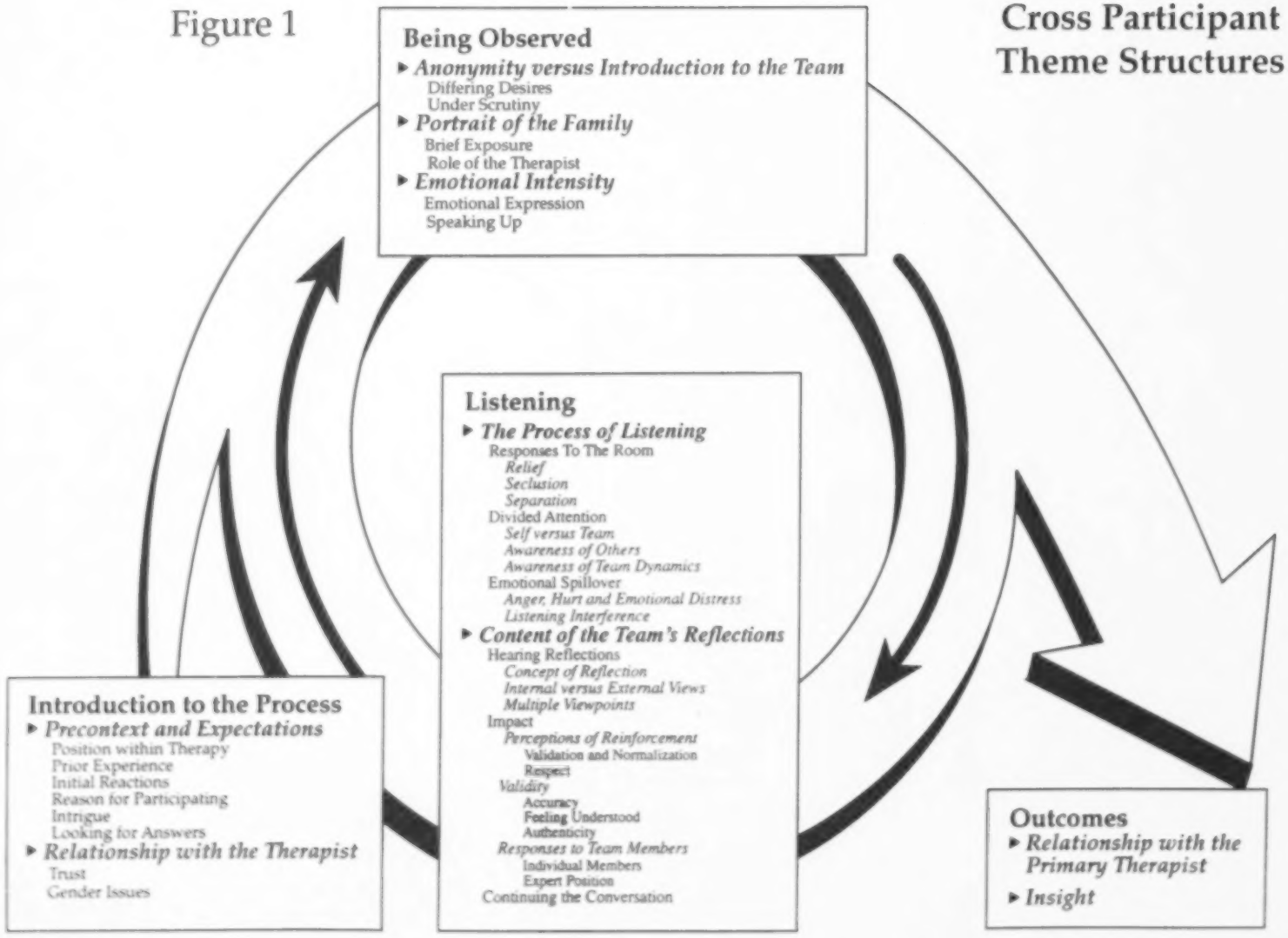

FIGURE 1 Cross participant theme structures

participation with the team. However, the fact they were confused about the sequence or impact of that session within the entire counselling process is consistent with their ambivalent response to the reflecting team concept. The fourth family had only recently initiated contact with that therapist before the team was introduced and they did not have a good experience. However, I found the most significant connection between the point of therapy and the team session occurred for the second family. The couple saw their therapist for some time and then took a break because of a conflict in schedules. The team was introduced shortly after returning to see their therapist.

> Eli: . . .we sort of took two steps back. . . . And um...So we were really...at each other's...heads or whatever, however that saying goes. And um...So, and I, I sort of...We talked with, with Lyndon [primary therapist] and, and um, we sort of felt, um, things were hopeless at that point. . . .
>
> Bob: I think Lyndon [therapist] just wanted to try a different strategy. . . . We'd been going along for six months and...and then when we saw him again we were pretty well back ...You know, we had gone back to square one sort of thing. . . . And uh... So, it was kinda a little discouraged, you know, get started again and the same old stuff, same old problems. . . . So, whether this is...He just asked us if we'd...be...interested in doing this. . . . And uh, so... We were, we were happy to go along with his suggestion, really.

Thus the progress of therapy was stuck and the clients were feeling hopeless, helpless and discouraged so the team was suggested with the prospect that a new format would open possibilities and re-energize the therapy process. However, Eli indicated she thought her pre-existing feelings might have influenced her reaction to the team at one point:

> Eli: When one of the women sort of, um, you know, spoke for Bob [laughs], maybe because I was so mad at him that, you know, I just uh, um, you know, was mad and I didn't want anyone else to point out anything. [Eli then goes on to describe the specific comments of the team member]. So, you know, talking about it now it just seems ridiculous, I don't know why I was angry but I was. . . . But I suppose that was why because, you know, we were, you know, just not speaking to each other very well, at the time.

Therefore, the introduction of the team at a point when emotions were strongly conflictual influenced Eli's initial interpretation of a team member's reflections.

Prior Experience

Related to the idea of position within therapy and the context of the situation is the experience the client brings to the setting. While only one person spoke of previous experience, I thought its role was significant. Lauren, the oldest daughter in the first family was concerned:

> Lauren: At first I thought they were going to be all mushy, stupid, you know, 'You love your family'. . . We went a long time ago when we were younger and did the same thing and it was really, really stupid, like 'Tell your sister you love her' and 'Tell your mother you love her', you know, like that kinda, you know, that kinda thing? . . . .maybe we're just not that kinda family, but. . . .it just grossed me out. . . . That's what I thought it was going to be like and. . . . But it wasn't. . . .I thought, 'This isn't like, you know, what it was like when we did it when we were younger,' which was good otherwise I think I woulda just left [laughs], I was just, you know...Last time we did it, it was a very uncomfortable thing.

If I return to Fitch-Hauser's (1990) suggestion that scripts are used in the assignment of meaning, I might have been concerned that Lauren used the script of her previous experience to interpret what was said by the team. However, the fact the team's reflections were presented in a manner that was a better fit with her way-of-being in the family prevented a similar negative experience.

Initial Reactions

While I found value in knowing something about the history and context of the clients' situations upon being introduced to the reflecting team concept, I also noticed an interesting pattern of initial reactions. In families one and four, the parents learned of the reflecting team from the primary therapist while the children learned of it from their parents. At least one of the offspring in each of these families was not aware of the format until he or she arrived for the session. The daughters in family one expressed some initial resistance to the idea and the son in family four was reportedly resistant in his behavior, according to his parents. Although such resistance is likely related to the dynamics or issues within each family, these two families contrast to the members of family three who were also dealing with conflict between the parents and their progeny. However, the family members were all present for the explanation of the team. I was not conscious of conflict or resistance to idea of participating in the session for members of this family. I am left wondering, then, whether hearing the explanation directly from the therapist has an impact on youth's receptiveness to the idea.

Reason for Participating

Given these differing introductions and initial reactions, what, then, were family members' reasons for agreeing to participate? The primary motivation for most clients was simply compliance with a suggested opportunity. For example, Eli commented:

> Eli: Uh, I think, um, I don't know, I think, I was willing but I thought 'Oh well, something new.' I really hadn't thought that it would be all that helpful or anything. I just sort of went along with it and I thought it might be fun.

However, one key factor was the perception of purpose of the team, particularly for family three.

> Doreen: She [therapist] said something to the effect, um, that once a month, everybody in the office gets together as...well, I guess she used the term reflecting team. . . . And it was her turn to bring a family. [everyone chuckles] She said it was like show and tell or something [more laughter]. Bring a family and they would just sit in and listen to our session and she said that she felt it would probably benefit her and maybe even the family because then her colleagues are seeing how she is, I guess, dealing with the family. . .

If family members base their participation simply on compliance and the primary purpose is perceived to be for the therapist's benefit, what does this reasoning indicate about the relationship between the therapist and the client? Do clients comply because the 'expert' suggests it or because they are truly interested in the concept? I do not mean to imply therapists are responsible for this perception of themselves as experts but if family members do not question how the reflecting team process is expected to benefit them, families might impose this perception despite therapists' best efforts.

Intrigue

In spite of this compliance as a reason for participating, family members indicated some intrigue and initial interest in the process. Sells, Smith, Coe, Yoshioka, and Robbins (1994) interviewed clients who indicated they liked the reflecting team because it presented more opinions and perspectives, thereby helping clients and their therapists see the problem differently. At least one client I interviewed found this idea of receiving multiple opinions to be appealing in his initial reaction to the team concept:

> Norm: ...it...it would give us seven opinions as opposed to one opinion. . . . And that was, uh, that sounded good logic to me. . . . So that's why we went with it.

Similarly, Slovik and Griffith's (1992) idea that the mirror becomes bi-directional was reiterated by one client as the aspect which caught her interest.

> Eli: . . . it was a new perspective and, and something different to do. . . . I think it was the two way mirror I thought was kind of...would be, fun.

Looking for Answers

Others, however, were looking for answers that would guide them to resolving their problem and the involvement of a team presented an opportunity for more suggestions. Kate indicated she had been looking forward to the session and benefiting from someone else's knowledge and experience. She also anticipated concrete reactions that included identifying a problem rather than a generalized opinion of how well each person was doing.

> Kate: I expected this, this group of people to say 'Okay, they've got this problem and here's what, uh, we see. . . . We were all wanting to do whatever it took, 'kay? If someone had told me I, uh... 'That's not appropriate to say that,' okay, I'm humble enough I can say, I can look at it and say, 'Yeah, you're right.' That's the point we were at and we're still at.
>
> Int: Okay. So you were prepared to hear not only some acknowledgment of the [changes] that you had made to date and the efforts that the whole family had made and where you were trying to go but also were looking for and anticipating some constructive feedback in terms of...
>
> Kate: Right.
>
> Int: Uh, 'Here's some recommendations or here's what I saw.'
>
> Kate: Well, that's what we, I left from F's office believing that it was going to be helpful in that sense.

Kay simply hoped for significant outcome:

> Kay: . . . to say that the benefit was that I felt that here I had an opportunity to...I guess, get some help. I mean, maybe, you know, really, get someone to really look at this and just . . . . I really wanted...to get the an...I...get some answers out of there.

By contrast, Doreen indicated she thought the session was for the benefit of the therapist and therefore she did not hold any expectations or look for any particular outcome from the session.

Thus, while the clients' reasons for participating and expectations of the team were quite varied, the concept of involving other people through this format generated the initial curiosity and interest which Wolf, Marsnik, Tacey and Nichols (1983) suggest is essential

for listening. The first step in helping clients be prepared to hear the team's message, then, is to ensure that curiosity and intrigue in the process is established in the introduction. The member who was most excited about the process in family three, for example, could not participate. If the remainder of the family was not as intrigued by the idea, I am not surprised they questioned the overall benefit of the process. In family four, Kate had specific expectations and when these were not met, she found the experience disappointing. Therefore, as a therapist, I am now more inclined not only to ensure my clients are interested in participating for their own benefit, but I want to ensure I understand their expectations ahead of time.

Relationship with the Therapist

Trust

In addition to the frame of mind the clients bring to the session, the relationship with the primary therapist also emerged as a significant consideration in setting up the reflecting team experience. Minuchin and Fishman (1981, cited by Midori Hanna & Brown, 1995) discuss the process of establishing a relationship with a family. "Joining is letting the family know that the therapist understands them and is working with and for them. Only under this protection can the family have the security to explore alternatives, try the unusual, and change. . ." (pp. 31-32). Therefore, for the family to try an unusual procedure such as the reflecting team, the primary therapist must establish an atmosphere of safety in the experience. The manner of presenting the concept and the relationship between the therapist and the family are important variables in establishing this atmosphere. Sells et al. (1994) noted that for several couples, the reflecting team was not effective in the beginning of therapy because trust had not been established with the primary therapist. I also found support for the claim of Sells et al.

> Kay: I think one of the things that I feel about this whole thing is that, if I didn't have, if I didn't trust Eldon [therapist]...And sort of relied on him in a way to sort of be there to make sure that this thing didn't get really outta control here with all these people hammering on us, I probably wouldn'ta consented to do it. . . . and maybe that's why the girls weren't so enthusiastic about going because they haven't been going regularly to see him, I don't know, just a thought.

Both the husband and wife in this family also anticipated some comfort from team members with whom they were already familiar, therefore, further emphasizing the importance of trust:

> Kay: Well, I think part of what helped to make me to feel comfortable was Eldon [therapist] came and told me that another counsellor that I used to

> come and see here, uh, couldn't make it, and why she couldn't make it. 'Cause I was actually kinda looking for her and wondering where she was. . . .So, that kind of, you know, I would have liked her to be there actually. . .
>
> Dez: I was interested in hearing what [one of the team members] had to say. I, uh, had [that therapist] as a counsellor before. . . . Before I was seeing Eldon. . . . I really liked what he [other therapist] had to say [laughs].
> Int: Were you sort of paying extra attention to what he had to say?
> Dez: Yeah, I think so.
> Int: Looking to hear what he had to say? Because you knew him previously?
> Dez: Yeah, I was actually probably expecting him to say something good about me.

By contrast, the fourth family participated with the team early in the counselling process and did not feel adequate background to their situation was gathered or presented:

> Kate: And um, but that question [what had been tried previously] hadn't been asked of us by Floyd [primary therapist]. All that was mainly asked was our issue, our past, our...you know, we told him everything about us and our past issues and all he really knew was Sam [son] was [describes brief family history]. And um, you know, I don't remember him asking any further questions about Sam at all.

Gender Issues

A concern connected to security, familiarity and trust relates to gender relationships between the professionals and family members. Sells et al. (1994) as well as Carpenter (1993) reported family members described benefit in having male and female members on the team. By contrast, neither male nor female therapists indicated gender as a concern. Eli, the wife in the second family, expressed similar reactions to the clients of the above authors:

> Eli: And...And I don't know if Lyndon [therapist] knew but, I, I sort of felt maybe I should have gone to a, we should've gone to a woman because I sort of felt that I was getting ganged up by men here. [Laughs]

After participating with the team, Eli acknowledged her attitude toward the gender of the therapist changed. Should gender concerns be an issue, known or unknown to the therapist, the balance of gender in the team can help present a perspective of balance for the clients.

Being Observed

While the initial context, expectations, and perceptions of gender balance are significant considerations preceding the reflecting team experience, clients also described a number of reactions to the initial interview during which they spoke with the primary therapist and were observed by the team. As a student in a counselling training program, recorded or observed sessions are common for me and most of my previous clients did not express concern or awareness of such additional exposure to others. Therefore, I assumed the families working with reflecting teams would also be comfortable with an audience, forgetting that for many, the team session would be their first occasion being observed. Although I did not anticipate the family members would discuss their experience in front of the mirror, the relevance of this section to their listening experience emerged as a logical and significant influence. This influence covers issues related to anonymity, depicting a portrait of the family, and emotional intensity.

Anonymity versus Introductions to the Team

Differing Desires

One of the things I found most intriguing was the different opportunities family members were given to meet the team and the different reasoning in each member's decision. For example, in the second family, Eli wanted to meet the team members but Bob did not. Both valued a sense of security but Eli found it in seeing the faces of the team members while Bob felt more secure by remaining anonymous in the interview room. For family three, there were no formal introductions of team members but informal acknowledgment occurred as the family and team passed in the hallway or as individual members both entered the coffee room at the same time. However, the family members disagreed about the potential value of formal introductions:

> Doreen: I don't think it would have hurt. Yeah, maybe more at ease. . . . You know, like it doesn't hurt just to say, yeah this is so and so...So, uh, yeah, I don't know. [To Toni] Would you like to have met them first? . . .
>
> Toni: I don't care. It wouldn't have mattered. . . .
>
> Doreen: [To Beth] Would it have mattered to you?
>
> Beth: If we would've...I don't know. Probably not. 'Cause we gotta see them all in the room afterwards so...

For Eli and Beth, then, visual contact with the team was important at some point. For Lauren and Kay, the mother and daughter in the first family, the considerations for meeting the team members carried deeper implications:

> Lauren: The only thing I was worried about is that...actually, I think I kinda woulda rather met the people before I went in that room because, the only thing I was thinking of is, 'What if I find somebody I know in there?', you know, like, I work in a bar...you know, like, I see all these people and stuff, what if that's somebody that I know back there...I mean, I wouldn't really like that. [laughs] But...I woulda rather met them before I went in ...
> Kay: Yeah, that does really change things, doesn't it? I mean, I guess that was part of my...reaction in a way afterwards when we were asked if, you know, ...I don't remember, I think it was something about did we want to meet the people or whatever. And then I kind of thought well, 'What if I run into these people in my, in my business setting, now?" you know, like I...the fact that I would meet them now might affect the way I relate with them? And I was really concerned about that. . .

These two, then, were concerned about the risk to their anonymity, particularly outside the clinical setting. As described in chapter four, this risk was related to a strong apprehension of judgment, particularly for Kay who felt her competence might be called into question. Eli expressed similar concern about being judged by the team although her concerns were not specifically related to anonymity:

> Eli: Yeah, I did feel they would, uh, some members were careful. And I think that was a good idea. [I and E laugh]. . . . because, um, I mean, you know, people are, are human beings, are watching somebody talking about them, I mean, you have to be careful. . . . Because, um, you know, relationships are very fragile.

Therefore, while family members may recognize the value of involving other professionals, such involvement also carries risk and fear of criticism. Not surprisingly, then, Eli pointed out the value of the team's restraint. Fear of criticism, however, could also be related to communication apprehension (Bostrom, 1990b) and clients' concerns about their own ability to process the feedback and integrate it accordingly. Such would be the case if, as suggested Daly, Vangelista and Daughton (1987 cited in Preiss and Wheeless, 1990) that apprehensive receivers are less likely to question ideas offered by others and have low approval of themselves (Preiss and Wheeless, 1990).

Under Scrutiny

Related to fear of criticism and subsequent differences in desires for anonymity is the description of the interview as a time when family members were under scrutiny. Both Frank, the father in family three, and Olivia, the youngest daughter in the first family, used the same description for the interview process:

> Olivia: I felt like a guinea pig in a lab. . . . Being observed [with emphasis]....I don't know, I didn't like it. . . .Listening to them talk was better. . .

Similarly, Eli's physical response of feeling "hot at one point" was related to her awareness ". . .that other people were watching," while for Toni, the youngest daughter in the third family, being observed felt "weird." While I did not specifically ask these clients what was behind their discomfort, I presume it related to the safety in protecting one's anonymity and sense of independence. By contrast, Doreen indicated she was conscious of the observers but their presence did not bother her. She also seemed very open and accepting of the problem their family was addressing. Therefore, I learned from these families' experience that, as a primary therapist, I must offer each member of the family the opportunity to meet the team or remain anonymous in order to address individual differences in comfort level and sense of security. Such attention to individual desires may be particularly important for youths who would follow their parents' lead unless given the opportunity to express a difference in choice.

Portrait of the Family

Although the interview was perceived as the time during which the family members were placing themselves at risk, it was also perceived as the appropriate time to portray or demonstrate the issues to be addressed. Family members expressed some concern about the opportunity available for the team to become familiar with the family's situation and about the role of the therapist in helping clients depict the issues they wanted to identify.

Brief Exposure

One of the biggest concerns of some family members was the brief exposure provided for the team to assess the family's situation.

> Olivia: . . . they only get, what, 15 minutes of, what's going on, they don't know everything so, not everything they say was right. . .

> Bob: ... [they] had a very brief time to see us, even though they had perhaps a chance to glance through Lyndon's case notes. But, um...They make a snap judgment sort of thing. . . . And then...give their programmed responses to what they perceive as being the situation. But, maybe that's not true...I don't know. But, they did have quite a brief time. . .

> Kate: Well, I've done some counselling myself so I know I can't know a person after one hour. . . and know...you know, I don't think anybody can.

Kate also expressed feeling "cut off in mid sentence" and "shut down" during the initial interview.

If I look at the interview process as chance for the family members to tell their story, stories are personal, family members are looking for answers to difficult situations, and, as indicated strongly by the first family, can be very apprehensive about being judged on that story and naturally desire the social approval from the team. Therefore, I can understand family members' interest in telling their story as completely as possible before receiving feedback. They may not be finished a need to speak before they are asked to listen. Such a desire is not uncommon when working with the primary therapist alone. However, the relationship with the primary therapist is often established before too much feedback is provided. If the only contact with the team is a brief introduction before the family is asked to listen to feedback, then their concerns about the amount of exposure, risk of criticism and subsequent validity of the team's reflections are understandable. However, the families did not recommend the length of the interview as something that needed to be changed; therefore, with the exception of the fourth family, I did not perceive that clients viewed the brevity of the interview as a serious impediment to the overall value of the process.

Role of the Therapist

Hoffman-Hennessy and Davis (1993) view the role of the primary therapist as the person who facilitates and makes room for the family's story. Their suggestion, then, that the primary therapist be ". . . in the conversation as nonintrusively as possible," (p. 346) fits with the idea of the interview as a chance for the family members to describe what *they* feel is required to portray a picture of themselves. This view was reinforced by Kate in family four, who felt the therapists' questions were too directive:

> Kate: . . .to me it would have been a much more valuable experience if Floyd [therapist] had stayed right out of it, and, and them [the team] viewed us as a family communicating. . . Because you would've seen everything happen. And that's what I thought was going to happen. I thought that him leading and asking the direct questions was maybe going to lead to, you know, talking with the other person or whatever. And it did to a certain extent, he said, well, you know, if I remember correctly [describes a question Floyd asked], whatever, you know? But, to normal family dynamics certainly isn't there when you're just being asked a question and then moving on to the next person because of time limit.

Both Norm and Kate, though, expressed a sense of responsibility for not interrupting and expressing their concern or asking for what they needed.

Although all the families discussed what happened in the interview, this family was the only one to discuss the manner in which the interview was conducted because they did not agree with the perceived intent. Therefore, deconstructing the therapist's views, understandings, and what the therapist might be attempting to learn from the interview by having the team ask questions of the therapist (Tomm, 1993) might have been a valuable format in this case. Such deconstruction might reveal that a difference in intention occurred between the therapist and family, that the goals were similar but a mismatch in language occurred, or that the therapist might benefit from a either a more open or more structured manner in the interview. However, given Epston's (1993) points that such therapist/team exchanges may be tedious for families, this format is not appropriate in every case. Time restrictions are also often present and multiple exchanges not then possible. Given that family members also may not be able to articulate their concerns immediately, I am left wondering what guidelines the primary therapist or team members could use in determining whether such deconstruction is appropriate at the time or whether it should become part of the continued debriefing in the next session.

Emotional Intensity

Emotional Expression

A consequence of the manner in which the interview was conducted and the issues addressed was the emotional intensity aroused. Of anything that happened in this initial interview, my sense was that the level of emotional arousal had the most significant impact on some family members. For example, both the mothers in families one and four expressed concern over crying in the interview. Kay was particularly fearful how others would judge her as a result of her behavior:

> Kay: . . . I was apprehensive of going into that room 'cause I knew there were people still in there. [Family medicine residents were also observing the whole process of family therapy that day]. That were, had been watching me and there I was in the room and it was kinda like, in a way I was a little bit embarrassed because I had done some crying in there [the therapy room] so I was apprehensive about that. . .

Similarly, the daughter in family three felt she had to restrain her emotional reaction:

> Beth: It was awkward, don't you think? When we first went in there and like people are listening to us, total strangers, I think it was totally weird, like you didn't want to get too emotional or anything.
>
> Int: Okay. You wanted to hold back a bit?
>
> Beth: Yeah, exactly.

On the other hand, Lauren indicated that having expressed her emotional reaction early in the session assisted her later on:

> Lauren: I was having a bad time for the whole thing, though, I was in a bad mood, and...we'd had our little family fight out in the waiting room [laughs] so, I wasn't really too happy about being there in the first place, so I was just...
>
> Int: So did that carry over while you were sitting in that, in the other room?
>
> Lauren: Not really. I expressed how I felt when I first got in there and then, I don't know, I just kinda...

While Beth and Kay were concerned the team would judge them as less competent or less mature than they really were because of their behavior, Kate was hurt by the fact no one acknowledged the distress she experienced as it continued throughout the session.

> Kate: . . .and nobody said, 'Gee are you okay?' Here I am bawling my eyes out, nobody said that, you know?

If the clients are embarrassed, fatigued from crying, or their integrity is threatened by their emotional expression in the interview, then I expect acknowledging the client's emotional distress would assist in reducing that intensity and apprehension so they can be more attentive to other comments from the team. Such an overture fits with O'Hanlon's (1993b) principles of acknowledgment and possibility as the social constructionist structure of the reflecting team concept.

Speaking Up

Such acknowledgment is doubly important if the presence of the team intensifies the emotional level and key issues are drawn out. Hoffman-Hennessy and Davis (1993) noted a client who found the artificial nature of the reflecting team allowed her to say some things she would not have otherwise said. A similar experience was reported by Kay in the first family:

> Kay: A benefit for me was that, I behaved there in a way that I don't usually behave in the sense that I was the bad guy [laughs]. I would want to say that the benefit was that I felt that here I had an opportunity to...I guess, get some help. I mean, maybe, you know, really, get someone to really look at this and just...So, for some reason, it just all came out. . . .Well, to say what I had to say sort of thing. . . no matter what they were going to say, how uncomfortable I was about what they were going to say. . . . And so therefore, I really brought out what was really bothering me.

Perhaps part of the opportunity the reflecting team allows then, has less to do with what the team says but with providing a larger audience than just the therapist towards whom the

client explains and therefore discovers the heart of the situation. Andersen (1991) notes this idea when he indicates that by performing, we are informing others and forming a sense of self. By contrast, the father in family four indicated his lack of action to address his emotional response was related to his stage of development at that time rather than the presence of a team:

> Norm: And I thought, you know more than me about this, I'll go along with it for the time being. And I allowed myself to do that without saying 'This is nonsense. . . . I'd like a different form of communication. And it didn't matter whether the people were behind there or not whether I would've...but I didn't do it [speak up] and that was me then, at that time.

Judging from these two situations, clients' assertiveness to speak up about their inner thoughts depends not only on how they interpret the opportunity to be observed but their mental, emotional, and social preparedness to do so at the time. The experience of being observed, then, involves many considerations for the client--how to establish a sense of security and comfort with observers while protecting independence, how to portray the story in limited time and how much to trust that the therapist will help them depict important issues. Finally, clients must weigh the value of expressing key issues while risking the energy required for increased emotional intensity that accompanies such assertiveness.

Listening

I am faced then, with the question of whether clients are focused outwardly on the others in the group or whether they are focused inwardly on their own reactions. Such a question is especially important when clients move into the listening position. When I interviewed clients, their comments described both 'what it was like' and 'what it was' they heard from the team. With reference to the listening experience then, their descriptions focused on both the process of listening and the content of the team's reflections.

The Process of Listening

When clients talked of 'what is what like' to listen, they often made reference to the environment of the listening room and then described the influence on their focus of attention and emotional state.

Responses to the Room

Relief. A common reaction when the family moved into the listening position was a sense of relief from the pressure of the interview situation. Olivia, for example, found the listening position relieved her sense of being under scrutiny. For Eli and Bob, the listening position provided relief from the conflict they were experiencing:

> Eli: Um, I think just having, um, sort of like a, sort of like a rest period where, um, where we can just sort of, somebody else takes the responsibility and we can sort of get things out in the open, and...Not without knowing how to handle it but knowing that somebody else will be able to, you know, help us with it. . . . with the problem, yeah. . . . like not having any confrontations, I suppose, that's what I mean. . . . Getting things out safely.
>
> Bob: Yes, it was a kind of a change of pace which I thought was beneficial too.

Similar to the point brought out by Smith, Yoshioka and Winton (1993), the listening position brought relief from the conflict, the routine, and the responsibility for explaining and dealing with the problem. The team was able to address the conflict with greater safety and sensitivity than is afforded to the couple by themselves or with a lone therapist. Sells et al. (1994) also found support for the role of the team as a safety buffer.

In a different sense, the opportunity to move into the listening position brought Kate relief from a disappointing and frustrating experience in the interview and renewed hope that her expectations would be met:

> Kate: And then, I chose to listen because I, I wanted to hear, well, 'If this part didn't seem to, you know, be quite what I had thought, maybe the next part will be.'

Unfortunately her experience of the team's reflections was not an improvement.

Seclusion. In addition to providing a sense of relief and safety, several clients also made comments related to the darkness of the listening room and how that darkness afforded them both security and a chance to focus on themselves:

> Int: So was that, was it the conversation in the room that you were most focused on, or...your own thoughts, or, were you aware of what you were most focused on?
>
> Eli: Um, I think, I felt, my own thoughts, because, you know, uh, then, it, because the room was dark and we got to just sort of um...I think I liked the freedom of having, you know, the seclusion. . . .

> Norm: No, I think the darkened room sort of alienates you to yourself, does for me anyway. . . Sort of, you become an entity into your own while you listen.
>
> Int: Okay, so there's some, the darkness kind of has some isolation to it?
>
> Norm: Mm hmm. . . .

Int: [To Kate]. You're nodding, Kate, are you , did you find that too?

Kate: Yes, yes.

With the exception of the first family with whom observers remained in the room during the listening experience, the isolation and focus on self meant clients' responses and attention were unconstrained and free from judgment:

Eli: We didn't have to suppress anything because somebody was watching us. . .Um, I think you feel, a little, uh, I think it feels safe. . . . Because, um, it's, it's dark in there and um, it...you know nobody can see you. . . . because they didn't see you, then, you know, there's no judgmental factors.

Norm:...it allowed me to concentrate... on what those, on what they were saying. . .

Kate: And for me it allowed me to cry without letting everybody else know.

Although these clients recognized the value of seclusion, others expressed individual differences in the value of privacy. Dez, for example, desired even more isolation from both observers and family:

Dez: Um, I would have like to have been in a separate booth...um, apart from everybody else...a soundproof booth with just the, what they were saying piped in so that I could be more emotional. . . . I was, I was trying to choke, choke back my tears, uh, for fear of being embarrassed.

Int: Mm. Okay. Embarrassed in front of your other family or the other people that were there?

Dez: Well, everybody.

On the other hand, the members of the third family disagreed about how much privacy was important:

Doreen: To me it made no difference if they were behind the glass or if they were sitting in the same room, that made no difference to me at all.

Int: Okay. If it, if they'd been sitting in the room, wouldn't have made a difference?

Beth: I think so.

Toni: It woulda bugged me.

Beth: Yeah.

Int: Okay. What woulda bugged you?

Beth: Oh, just the fact that they're like standing right there, I...It's practically the same thing as standing behind a two w[illegible], mirror, but the fact that they're present in the same room, you know?

Toni: You can see them.

Beth: At least you're in a different room and it's kinda more private. It's not really private 'cause you know they're there but still it's more private.

These descriptions are in contrast to findings of Sells et al. (1994) whose participants reported feeling less intimidated, more confident and more comfortable because team members came into the room.

Separation. However, Sells et al. (1994) also indicate that the team made efforts to create spatial separateness from the family by avoiding eye contact, etc. This sense of spatial separateness contributed to the families' sense of comfort. An opposite reaction was experienced by the father in family four:

Norm: I, I, well, when they were in here [interview room] and we were in there [behind the glass], my um, that tells me I can't speak when I'm behind that window, I just listen to what they've got to say.

Thus, the physical separation indicated to this client that his voice was further restricted and therefore discounted in an already frustrating experience. While I did not anticipate that such a message would be indicated by the separation between the team and family, I thought this perception was extremely significant for this client. However, I did not receive an indication from the other families that the isolation of the listening room was anything but positive. Although they did not state so specifically, the family members' descriptions of relief, isolation unto oneself, seclusion, safety, and darkness were words that I associated with silence and a sense of relieving stress from an emotional state. Sciacca's description (cited by Fiumara, 1990) of silence as a "bridge that unites sounds" (p. 102) to me holds relevance to the silence and seclusion of the listening position as an atmosphere to unite the family members' expression of sounds and their ability to then receive the sounds of the team. To me, then, the interview allows the family to expel toxins while the atmosphere of the listening room allows clients to breathe in revitalizing oxygen.

Divided Attention

The source of that oxygen, as previously mentioned, comes from both the clients' seclusion with their own thoughts and the reflections offered by the team. With more than one source, then, how do the clients direct their attention in order to take it in? Levin (1989) notes that listening involves concentration and that to be familiar with a sound, one must stay with that sound long enough to achieve the intimacy required for it to become recognizable. Rather than such a concentrated focus on becoming familiar with the sounds of the team, I perceived clients' descriptions of listening as involving a rapid shifting of focus.

Self vs. Team. Bob and Eli in the second family were the only ones to really admit they were focused on their own thoughts during the listening position. However, the egocentrism in listening as described by Doreen, the mother in family three, indicates the family members' attention must also have focused elsewhere rather than on the team. While the members of this family were only attentive to comments about themselves, Kay, the mother in the first family, thought she was attentive to most things the team discussed. However, her listening and subsequent interpretation were selective based on her self perceptions at that time:

> Kay: I was focused on what they were saying. Actually, [pause] I ended up, really, I felt like the bad guy in that whole scenario and I guess I ended up hearing in certain of their, of the comments that I was the bad guy and so I guess that just reinforced that... I don't know that it was true that that was said, but my perception certainly was that it was at one point [laughing].

Preiss and Wheeless (1990) suggest apprehensive receivers may misinterpret the communicators' intentions. Since Kay was apprehensive about what she would hear from the team and therefore her ability to handle that feedback, her questioning of her actual perception is understandable.

Awareness of Others. In addition to focusing on themselves, some of the adults indicated they were also conscious of other family members and their reactions:

> Doreen: Well, I know you're not supposed to talk about other people, but not, at times, people weren't attentive...They were looking up at the lights.
>
> Int: So you were aware of what other people were doing.
>
> Doreen: Yeah, I guess I wasn't being attentive, either if I was watching them too.

Similarly, Kay stated she was aware when Dez was crying and both she and Lauren were aware of the observers remaining in the listening room with them. Kay was also concerned about how these observers might be judging her which again emphasizes her apprehension:

> Kay: And I, I was very conscious of those other people in the room. And, I was very, but they, you know, they were very quiet and everything so that was good. [laughing] They didn't get up and start beating me with bats or something.
>
> Lauren: Actually, yeah, I have to say though, that, now that I think about it sitting there and, only thing I was really aware of was the people sitting behind me. . . .

Both the atmosphere and interpersonal dynamics within the room, then, draw at least a portion of the clients' attention. With the exception of the members in family three who did

not perceive any particular benefit to the process and who Doreen indicated were not paying a great deal of attention while listening, I did not feel these distractions drew the members' attention significantly away from what the team was saying.

Awareness of Team Dynamics. Rather than focusing simply on the teams' words, however, family members also indicated their awareness of the dynamics within the team. Dez, for example commented on the professionalism of the team, the members that agreed with each other, and the fact no leader was apparent. Thus, Dez was aware not only of how the conversation flowed but the process of difference and agreement in the team's comments that highlighted the dialectic tensions and alternative perspectives from which the family then selected. Bob, on the other hand, had a different impression of the team's ability to allow these processes to occur.

> Bob: Then again, in the group of themselves, I thought they, individually had their parts to play in their own group sort of thing. . . . And uh, they were sort of playing the part that, I don't mean playing the part, but they were speaking in the way in which they normally would in the situation, so... I suppose...um, a different sort of thing would've been if each one had been individually speaking into a tape or something. . .

Bob later added that in a large group, the team members appear more anonymous to the family and therefore may tend to conform to a theme offered by another member. He felt that a smaller group or pair of professionals would be more likely to present frank and honest views that he would find helpful to hear.

While the dynamics within the team, then, can leave a positive or negative impression, there is no doubt they have an effect. Although this effect may not have a significant impact on the overall outcome of the experience, I believe its existence has significant implications for Parry and Doan's (1994) suggestion that reflections be written to the clients to prevent them from becoming overwhelmed. Without exposure to the interpersonal dynamics of the team, clients may have greater difficulty interpreting the alternatives presented. Having a transcript of the comments to review later may be helpful but the non-verbal element is significant to the clients' experience.

Emotional Spillover

However, the risk of feeling overwhelmed by the interview and therefore unable to attend to the team's reflections emerged as an important consideration from the clients' descriptions. The ability to listen and respond to what they heard was often influenced by family members' emotional state leftover from the interview.

Anger, Hurt, and Emotional Distress. Similar to their descriptions of emotional reactions within the interview, some family members described the continuation of angry and hurt feelings throughout the listening position.

Eli: Well, I felt angry once. . . and, uh, guilty for feeling angry. . .

Kate: And um, but the more I listened, the more, um...frustrated and hurt I felt. I wish I had felt angry. I didn't and I would today.

Thus, Kate's sense of hurt and frustration was her initial reaction in listening. I sensed that she was hurt and upset first with her son, then the therapist and subsequently felt hurt and disappointed that even the team did not fulfill her expectations. Had she felt angry more quickly, she might have been more assertive with everyone about what she wanted from the session. Eli, on the other hand, was already angry and reacted further to what she heard, even though she felt guilty for having such a reaction. She found the rising intensity of her emotional response difficult to handle and struggled to restrain tears while listening whereas the other women were concerned about crying when the team was observing. For Eli, the tears were likely related to a release once she felt the security of the darkened room and did not have to hold in this build up of anger and hurt she was feeling.

Listening Interference. Eli also acknowledged that because she was so angry after the interview anyway, she became irritated by a team member she perceived as speaking for her husband. She was not open to anyone pointing out anything, least of all support for her husband. Kay, however, was the one to most clearly identify how her emotional response influenced her listening experience. Initially, she found the team's words comforting despite the recoil she was feeling from her behavior in the interview:

Kay: But I was still kind of, felt like the bad guy in the whole thing that day [referring to her behavior in the first part of the session], so I was still kinda....It was good to hear what they had to say but I wasn't feeling grrrr..eat [with emphasis] [laughs] myself.

However, she also perceived the team members to be reinforcing her negative self perception. Kay's comments, then, echo Barker (1971) who suggested the presence of negative comments for the listener tends to decrease comprehension, divide perception, and decrease motivation. Kay certainly questioned her perception and although she did not say so, I perceived a sense of hurt from what she heard. She also suggested the team be specific about whom they were directing their comments towards to prevent such emotional interference in the future:

Kay: I'd have the suggestion that when the, the team goes in there to do their reflection, that I, I'd really strongly recommend that they be very clear,

> very specific as to who they're referring to when they're making comments so that there's no, there's less room for misinterpretation in taking on something that wasn't really meant for you to be, you know. . . . and they remember who they're talking about but because we're in this state of, uh, emotional turmoil or, you know, anxiety or whatever, we may take it to mean that, well it was me or it was. . . . Yeah, which member of the family they're referring to so that ...To make it...I know they did that, but, just to make it very clear. So there's no confusion among the members of the family as to what that meant, in reference to whom.

Clearly, Kay indicated her emotional state contributed to confusion and possible misunderstanding of what the team members intended. Her suggestion is consistent with Weaver (1972) who proposed that speakers heighten listeners' expectations by gaining listener's attention and then introducing what the speaker intends to say. For example, a team member might say, 'I would like to comment on Bob's statement that...' A similar effect was noted by Doreen when she observed the family members were more attentive when the team said the person's name before speaking about him or her. However, the discussion between the team is meant to be a normal conversation. In constantly identifying the family members, the team runs the risk of being artificial which might distract family members further from the content and thereby defeat the purpose.

Content of the Team's Reflections

When clients' attention was focused on what the team was saying, though, the family members described a number of responses to the content. In hearing the reflections, clients described both the idea of reflection in showing the family an image of themselves and how such an image differed from their internal view. They also discussed the value of multiple perspectives in portraying the reflection. Clients reported the impact of these reflections, particularly the reinforcement they perceived in the comments and their acceptance or rejection of the validity of these comments. The impact of the reflections also related to clients' perceptions of the team and a desire to continue the conversation that had been established.

Hearing Reflections

Concept of Reflection. One of the things I found most striking was how family members described the value of reflection without any knowledge or reference to theory:

> Kay: . . . it's like looking in a mirror. Sometimes when you wanna see, not just what you look like, or, you know, the girls, Olivia will have something on and I'll say 'Here, stand in front of the mirror,' and I'll look

at her in the mirror. Sometimes to have the things reflected back at you somehow seems, you see things differently.

Bob: But on the whole, I thought it was very good to. . . to see yourself as others saw you, even though, I myself sort of had some reservations as to what they were saying.

Bob made an interesting point. He found value in hearing another perspective, even if he did not agree with it. His comments, therefore, portrayed once again, the flexibility of the process in allowing family members to choose what fits with their integrity (Andersen, 1991; Caesar, 1993). For daughters in two of the families, the unexpected perspective of their family and the detail of the team's comments served to catch their interest:

Lauren: Actually, I thought it was pretty neat. . . .That, they analyzed everything that we were talking about and...thought it was neat. . . . I didn't think that they'd be listening to every single word you said and, and coming up with some sort of little...

Beth: It was neat. . . . Well at first it was kinda weird, people, you knew that people were on the other side of that window, watching us and listening to our private personal lives, people we didn't even know. And then, sit and listen to them discuss how they felt about our family? It was really interesting. . . . Well, I just, I never knew people's, like, I never knew other people thought of our families that way, like our family that way. . . . So it was neat what they had to say.

Internal Versus External Views. Beth refers to her surprise that others see her family 'that way', suggesting a unified perspective rather than several pieces. The merit of the team in providing a more complete picture was reiterated by Kay:

Kay: . . . it's like a reflection of a whole family. . . .they're reflecting what they have seen go on there, uh, in the room, so that you can then internalize it and see it yourself, 'cause when you're in the middle of it, doing it, you don't see the whole thing of what's going on, you just see your little part in it, you know? And, so it was kinda good to have that, I thought. . . . Yeah, it gives a broader view. . .

Similarly, Kay indicated the limited internal perspective of the family also applies to the therapist:

Kay: I mean even, even Eldon [therapist] who was in the room there, I'm sure, and you know, he was a participant in all of this, so while he's talking

> to one person, or whatever, and I'm sure he is getting a broader view than I am but still, to get, how can I say, I don't want to put Eldon [therapist] in a bad position here, he's very good, but, um, he's still a participant then and these people were, are observing the whole interaction, all of it, so they might see when someone crosses their legs or makes a face that the actual counsellor doesn't see because he's talking to one member of the group at the time, do you know what I mean?. . . . So they reflect the whole interaction rather than just the one on one. . . .Like the big picture. . . .And it's hard to reflect the bigger picture when you're in the middle of it and you're being a small part in that big picture.

Coinciding with Kay's perception of the primary therapist as part of the family system were expectations of reinforcement she developed. The fact the team members were strangers then made the reinforcement they offered all the more meaningful to her:

> Kay: Yeah, because when you get into a relationship with one counsellor, I mean after a while, you know, you kind of expect they're going to say good things about you, you know [laughing]? But you get all these people and if it's done professionally and they're not there to bash you down, but they're reflecting what they have seen go on there, uh, in the room. . .

By contrast, the members of family four did not know their primary therapist well, perceived the team as supporting the therapist's intent and therefore did not feel the team received nor reflected appropriate alternatives for the family.

Multiple Viewpoints. However, a common theme in the remainder of the families' descriptions was the value in receiving multiple perspectives of their situation:

> Kay: I liked all the different, well, they each came with sort of a different approach.
>
> Dez: A different angle...
>
> Kay: Yeah, a different angle to the thing, and that was really interesting. I found that really interesting.
>
> Int: Okay. Was there anything in particular about it that was helpful? Anything that...that really stood out as...
>
> Eli: Well, just the, um, I think, just, just, uh, talking. The exchange. . . . of ideas. . . . you need the exchange of ideas to sort of get to understand what, what's happening. . . . to sort of have sounding board, a sounding board with, to, to uh, talk.

> Beth: It was just kinda like going to a doctor for, a different doctor for a second opinion. It was kinda like five or six different other opinions. . . . How they felt we functioned or whatever.

I asked some clients if they felt the size of the team and therefore the amount of feedback had an effect on them. Andersen (1991) and Brown (1993) both suggest a three person team is most often adequate. Bob of course, indicated he thought a larger group such as the one he experienced brought conformity in responses while he thought a smaller group might allow the team members to be frank. Dez stated he was not overwhelmed by the amount that was discussed while Norm indicated he was not intimidated by the size because of his desire to "go under the microscope" in attempts to resolve the problem. The influence of the size of the team, then, had varied reactions which would be partially dependent, I would guess, on the client's prior expectations. It is interesting to note, however, that each of the males in the family answered this question. Other than coincidence, I am not sure how gender would be related to such a concern.

Impact

Both males and females, however, discussed a number of ways in which the multiple reflections of the team impacted the individuals within the family. Most prominent was how the reinforcement offered by the team was perceived. The validity of the team's statements was sometimes an issue as were reactions to individual team members. However, the impact of the reflections also created a strong desire among family members to continue the conversation with the team.

Perceptions of Reinforcement. A common theme emerging from all the descriptions related to individual perceptions of the reinforcement offered by the team. For Kay, not only was the variety of viewpoints valuable but also the rare opportunity for external reinforcement from a large group:

> Kay: And I think there, the reinforcement too, often, I don't know, it seems like I always grew up and other people's opinions of what we did or what our family was going to do or whatever, always were the big thing, so to get a whole group of people giving their feedback like that was really good for me, it sort of gave me the kind of feedback that you probably don't, well, you don't get, [laughs] you don't get out in the real world, and , and it was a whole group of people that were coming out with, you know, um, constructive, I guess, messages.

Both Bob and Kate also stated that constructive but critical comments would have been valuable as is supportive of Sprenkle and Bischof's (1994) suggestion that families seek constructive criticism in addition to reinforcement. However, like Kay, Bob found he

sheer number of people providing attention to his and Eli's situation was reinforcing and affirming in itself:

> Bob: . . . . But also, having so many people thinking about our problem made us feel kind of important. . . .So many people paying attention to our problem.

Receiving a sense of validation and normalization was also an important issue for several other members of the families. For Kay and Dez, this sense of validation relieved the intense fear of criticism that was part of their initial reactions to the process.

> Dez: I was, uh, I was worried that I was gonna hear something that I, huh [laughs], really didn't want to hear about myself. . . . I guess once, yeah, once they started talking and I started hearing that, geez, I'm not such a bad guy, at least they don't think so. . . .Like, they said, it kinda broke my...that's when my tears started coming out.
>
> Kay: Ya, I have to say that once they started talking, that was very reassuring because I kinda, was like that, like Dez too in that 'Oh God, what if they, what if I'm really a bad person and they all come out there and they pass judgment on me' sort of thing. And I found that they were very good about their, what they reflected.

For Dez, this sense of reinforcement also provided an experience that was missing in his early years:

> Dez: [long pause] Um, yeah, I guess I, I didn't get much praise when I was younger and it felt good to, to be praised.

Adams-Westcott, Dafforn, and Sterne (1993) also argue that a role of the team can be to help the family determine if the standards they are judging themselves by are realistic. This process of normalizing the family members' experience was significant for Eli and Kay:

> Eli: Yeah, and also what, you know, may have seemed, you know, a little trivial, to me was important. . . . And, um, to see somebody else felt it was important too really, really helped.
>
> Kay: It helped too...when I saw that they were seeing us as a normal family actually, that kinda helped me. Because, you know, you always think that you're not, you're...even though you know that everybody's not all normal out there, I mean, normal is, I don't know what normal is [laughs] but, that we're not so different and we're not so ...we're not really that bad of a family sort of thing, that was good for me.

In contrast, the parents in the fourth family did not feel the team provided enough reinforcement in the manner the parents anticipated:

> Norm: Well, I've got a huge ego so I didn't mind, you know, I was disappointed they didn't say more about me. . . You know, really. In some ways. Or about the family or about the, yeah, they made a passing comment but the rest was focused on Sam. . . . I don't know. I uh...if I take it as a rational adult male of my age and that, um...I don't, I shouldn't need ego bolstering or anything else so, it was probably good, they were probably just doing what they normally do, in those situations, but for where I was at, when I was there, that um, didn't help me much.

Overall, Norm found the experience "deeply hurting" although he repeatedly stated he did not dwell on the experience for a long period of time. Kate reiterated a similar feeling of hurt for Norm and their other sons that their efforts and contributions were not recognized. Later she adds:

> Kate: I mean this kid [Sam] would not be where he is today whether [describes alternate situations]. He would not be as mature, and as able to communicate if [they hadn't made the changes in their lives]. So give us some credit, you know like, uh, everybody makes mistakes in the past, but, uh, it's what you do with it and your willingness to change and to grow.

An important aspect of Kate and Norm's disappointment was not just that they did not feel sufficiently supported themselves but that the team did not provide equal recognition to all family members:

> Kate: But I, I was, you know, I was angry afterwards, like Norm said, I wish I had said something, I mean this is ridiculous, we all have worked hard and why should one person be held, be held up there, you know?

The team also did not reinforce a sense of family in the manner the parents expected:

> Norm: 'Okay' but, and um, really, there was no concept of boundaries of a family existence? That, we can't all do what we like, I can't do what I like, neither can Kate, and neither can our other boys. We can't do what we like, you know, all the time. So we, so we compromise and we work around that in our own way, recognizing that, well for me, recognizing that um, that that's the way it is, that's reality. . . . Um, and yet, uh, oh, they were very high on allowing Sam this freedom. . . and, his, these other two guys, not even blasted well mentioned basically. . . . Yeah. It was definitely not to make a family work. To uh, accept each other's limits, by all means, you know, that's bounds you live by, absolutely. But then, also to give back

the responsible, be responsible for how we react in that environment? And that wasn't there. Don't think anything like that was mentioned at all.

The kinds of the things the team reinforced also surprised some members of the other families but in a more positive manner. Daly (1992a) describes the process of qualitative family research as highlighting the mundane parts of the family's existence. Similarly, in highlighting other paths of understanding for the family, sometimes the team focused on aspects the family had not previously considered significant:

Eli: . . . . There were a couple points, that, you know, looked at...seemed to hit the nail right on the head.

Bob: Oh yeah, like what sort of things?

Eli: Well, um, you know, like uh...our relationship with our girls and that, you know, we've both, that, that's all that matters to us is our girls sort of thing. And, um, you know, how, how you [Bob] you were good with, with them. And, um, so you know, things like that you sort of take for granted. . . . And, I mean I always say, 'Yes, I'm really lucky Bob is such a good father,' but, you know, sometimes it takes somebody else to say it and...before you appreciate it.

Bob: Yes, I would agree with that. There were some points...they brought out which we just kind of accept. . . . And, uh, they sort of brought them out in a positive way and that did help us. . . .

Eli: Mm hmm.

Bob: Reinforcing positive feelings we have about ourselves, you know. . . . I thought that was a...very beneficial thing. . . .

Eli: And pointing out, um, that, the fact that we were there, that, you know, that, that I'd, um...arranged for have, for our marriage when at that point I felt that I really didn't give a damn, you know? . . . . But then when they said it, and you're not looking at them, and you sort of wonder, 'Well, actually, why are we here then if I don't give a damn?'

Bob: Oh yes, I agree with that. That's, that another point that, uh...they brought out, the fact that we had persisted seeing Lyndon [therapist] . . . . showed that we had a considerable amount of motivation in...in...trying to work at our problems.

Dez also noted how the team offered an awareness of things unnoticed by the family:

Dez: Um, a lot of times, as a family unit, living together, we don't see what each individual does, the good things that they do, and it was nice to hear the good things, about all of us.

However, a strength highlighted by one team member, to Doreen, was simply a condition of attending counselling sessions. Therefore, Doreen did not feel highlighting this aspect was a valuable perspective of her family:

> Doreen: Like, she said about our [openness]. I thought, well, if you're not going to be [like that] in counselling what's the point of going?. . . So, I guess maybe that was a shock to me, I mean to say, obviously there must be people that go that don't say anything. . . .

When the reinforcement was acceptable to family members, however, the effect was very motivating:

> Dez: Um, yeah, I think it's influenced me into continuing to change, become a better person. . . .Um, continuing the counselling. . . .Yeah, that has helped, yeah. . . . And yeah, it helped me to more realize that we're not all a bunch of bad people and there's very good in us and I want to continue pushing to bring that good out. . . . So we can all live a happier life.

> Beth: It was kinda like, uh, I don't know what the word is actually...Uh, [laughs], like it pushes you to want to work on it, 'cause if everyone thinks you're such a , 'cause they all thought we were a good, comm...like communicated really well and stuff like that and hearing all those people say that just makes you want to communicate more...I guess.
>
> Int: Okay. So some motivation?
>
> Beth: Yeah, that's the word. [laughter]
>
> Int: Okay. Are you agreeing with, with that, Toni?
>
> Toni: Yeah.

The fourth family experienced a different scenario. Although Norm and Kate perceived their son was less withdrawn in the session after listening to the team's reinforcement, they felt that afterward, he displayed an inflated attitude of self importance in the family and this inflation of his ego set him back several months in emotional development and maturity. Therefore, while the reinforcement may have been motivating for Sam, it was not in the direction the parents desired. Although such an impact of the reflecting team is very significant with respect to the clients' experience, as a researcher, I would also consider how this situation might be indicative of the issues the family was struggling with at the time. I had the sense that their hurt and anger towards their son paralleled a sense of hurt and anger towards the therapist and the team. In constructing meaning from their feedback, then, I am sometimes challenged to separate what I learn about reflecting teams from what I learn about the families.

Perhaps the difference in outcome between this latter family's experience and that of the previous families also stems from the way each family perceived the team's attitude of respect while presenting ideas. This concept is central to the basis of the reflecting team. Andersen (1991) describes his discomfort with the idea professionals have a better means of understanding the problem than the family themselves. To access the family members' knowledge, O'Hanlon (1993b) suggests ". . . you have to acknowledge, validate, and include people's experience before they will be open to new possibilities and directions," (p. 7). Harlene Anderson (1993) speaks of "making room for the familiar" (p. 328) in preparing others to take on a new reality. Respecting the family's previous reality while suggesting a difference is an important ingredient in families' comfort to risk trying on the new reality. Lauren, for example, was glad the team did not force her to be "overly mushy" when she did not perceive her family to be affectionate. Kay framed the idea succinctly:

Kay: They didn't change our style, sorta.

This point is also strongly emphasized in the last family's experience when the parents did not feel the team's comments recognized the reality the parents had already established with their son.

> Kate: And um...I wasn't looking for comments how well we've done [in the changes they are making] or anything. I was looking for a positive, uh, a positiveness about the comments that showed a cohesive family, uh, uh, goal. Not, not just, um, well, 'You poor boy, you have such low self esteem.' Well, you know, uh, today I'd say, 'Okay, we tried to work with him on self esteem. He had many [with emphasis] people try to work with him on self esteem but we understand you can't, you know, you can't do that if, uh, a person isn't willing and, and uh [describes further character traits she sees in Sam] and has always worked from that level of [trait] and he draws me in .

In other words, some of what the team was reportedly attempting to do had already been tried by the parents and others. Their frustration and lack of success was not acknowledged by the team and therefore the parents were not open to what they perceived the team was trying to accomplish.

Validity. The consequence of not adequately respecting the family's present state of reality is to have the family members question the validity of the team's reflections. This theme emerged in several of the families' descriptions, regardless of the overall outcome. There are three aspects to the validity attributed to the team's reflections by the family--accuracy, feeling understood, and authenticity.

Because each member of the family has his or her own perception of family issues and events, disagreement between members regarding the accuracy of the team's statements is understandable. In the first family, Olivia, did not feel everything the team said was 'right.' The father on the other hand indicated ". . . if not all, most of it was truth." In the second family, Bob appeared surprised that Eli considered some of the team's reflections to be very accurate, given that she was angry about some of the other things that were said. Bob then acknowledged he had not considered some of the things Eli pointed out. Kate also questioned the validity of the team's statements:

> Kate: And, uh, in the case of, like with us [describes specific situation with Sam], we know him best. And we, we know in [the changes they make in their lives] learning more about ourselves, we're learning more about him. . . . we know, uh, what makes him tick more than, uh, the reflecting team does. . .

While the intention is not for the reflecting team to present ideas as right or wrong, clients obviously make such judgments in evaluating the reflections.

Rather than the team's reflections being 'accurate', perhaps a more important issue for both clients and team members is whether the reflections provide the client with a sense of feeling understood. In other words, a client may be willing to accept that a team member does not agree with the client's position, as long as the client feels the team member adequately understands the client's viewpoint in the first place. Although there were many occasions when the clients agreed with the team members' perceptions, several family members also mentioned occasions when they did not feel the team members comprehended the clients' positions or provided what they needed.

> Eli: Yeah, I think that. . . . that's, that's how I felt, um. . . . that it was...that nobody really understood us. Understood me, actually.

> Kay: . . . it just reinforced my feeling that I was having already that I was a bad person for having done what I had done there. And I would have liked to question that.

> Kate: Both the kids when we were in the room initially and were being asked the questions were very short and you know, but...it...made mention of the fact they wanted the family to [experience the particular change in situation] and wanted what was best for Sam. And, um, then when we came back in the room and they were asked their feelings about what happened with the reflecting team and what they had heard, and they both

made the comment, 'You don't understand, you don't have the picture here, you know...

In particular, Kate interpreted the team's tentative manner of presenting reflections as meaning questions were not directed towards her; therefore, she continued to feel the team did not explore the issues in her family. As I listened to these comments, I recognized that two events need to happen as a result of a single conversation among the team members. Although the darkness of the room provides a sense of relief or safety, being in the listening position itself is not adequate to communicate a sense of equality between professionals and clients. First, the team's comments must sufficiently reflect an understanding of the client's current perception. Upon hearing that, the client can relax knowing he or she has adequately communicated his or her position. Once that client relaxes, he or she is then more open to alternatives the team might suggest.

Another of the things the family members questioned with respect to the validity of the team's comments, however, was the authenticity of the team members' reactions. This concern was particularly evident for the two couples I interviewed:

> Bob: I thought it had its...limitations. . . .But I suppose the, uh, the limitations, I, two ways, I thought that the group, the individuals in the group, um, were a little inhibited in what they said . . . about us. . . . because they knew we were, watching and listening. And then...I suppose that would be the big, that would be the big thing. . . . I would, I would have a sense that they were, if they were just by themselves, without us watching, that they would talk in a different way. . . . just the general tone, of the, the way they were talking. . . . Yeah, it was...not in the slightest critical, everything was...positive...sort of thing. . . . Then again, in the group of themselves, I thought they, individually had their parts to play in their own group sort of thing. . . . so I thought there were two things which affected what everybody said. First was the fact that they knew we were watching. . . . and the second was that they, in turn, were being watched by the others, so...Those were the two factors that I, that impressed themselves on me.
>
> Eli: I felt, um...that...you know, that, that it was sort of textbook stuff, you know?
> Int: Mm, what do you mean by 'textbook stuff?'
> Eli: It wasn't personalized. But, you know, maybe it's just because at the time I was very angry. . . . And, um, It's, it was like being...you know,

> you go, um, to a machine and it gives your horoscope or something . . . . You are...On your birthday, it says you are like this and this and this and...[laughs] So, you know, so that was the sort of feeling I got. . .

Bob, then, felt the comments were not authentic because they were overly positive and constrained by how the clients or other team members might react. Eli found the comments too general and not sufficiently specific to her situation to be either respectful or valuable. Although she found their comments impersonal, Eli also acknowledged professionals had to rely on their experience in order to make judgments. Norm's concern, on the other hand, was not that the comments were impersonal, but that the support offered to him was superficial:

> Norm: . . . Oh there was a passing remark made about the parents, you know, trying, and nice to see the willingness of them being here, but it was placating, it was compromising in my, in my, to my way of thinking, I thought, 'Did I come here for this?' I don't know...

Obviously, then, when a client considers the validity of the team's response, the feeling conveyed with the message influences the client's acceptance. However, considering both Eli and Norm were in an angry emotional state when they moved into the listening position, their own affective situation likely also influenced their willingness to accept the team's reflections as authentic.

Responses to Team Members. Part of the family members' judgment of validity related to clients' perception of team members. Family members reactions to specific individuals were again connected to the importance of familiarity in the clients' comfort and acceptance of the reflections. Barker (1971) argues that similarity (and therefore familiarity) in language must be present between the speaker and listener or communication breakdowns will occur. Similarly, Andersen (1987) indicates that if alternatives are too different from the family's situation, they will be disorganizing. Two couples found one team member's style to be too distant from their level of comfort or familiarity:

> Bob: Well, I also remember that, um, that lady talking. Lyndon [primary therapist] really doesn't make too much of [what the issue was] but she, sort of picked it up and, in fact brought it into, in twice, you know, as sort of her theme, that was her theme that she was contributing, so...That's not the sort of thing we think about too much but it was definitely there and kind of disagreeable to think about in a way, but she brought it up. . . . The fact that she brought it out twice, sort of rankled me a little bit, but. . . . That's obvious, so don't bring it out, bring it out again...you know...

Eli: It's funny, and yet the same thing, I thought she was...favoring him. . . . And I think that's...[laughs]. I didn't realize that, that he was perturbed.

Doreen: And then when we were on the other side, listening to them...that one lady got too emotional for me.

Later Frank agreed:

Int: [laughs] Okay. Did you notice anything particular happening in the, do you remember anything about, something sticking in your mind about what was happening in the room that the team was in?

Frank: Yeah, that emotional lady [laughs].

Doreen: The team?

Int: Emotional lady, that sticks in your memory ?

Frank: Ah yeah...No its just, like, "Come on, get away from that!" Jeepers, I hate that.

For Bob and Eli, then, their discomfort stemmed from a team member sticking to a point neither of the partners considered appropriate. For Doreen and Frank, their discomfort stemmed from the team member's way of speaking that was more intense than that to which the couple was accustomed. Interestingly, Doreen indicated her acceptance of a team member's reflection which was similar to the original team member's comments. However, this second team member first described how his personal history was similar to the family. Perhaps, then, Doreen's sense of familiarity or empathy with what this latter team member described helped her be more open to his feedback. By contrast, the fourth family, Norm and Kate, felt the majority of the experience was negative and did not speak of individual team member's reflections. I interpreted from their descriptions that they saw the team as unified. Although I felt the importance of familiarity in reflections was significant to acceptance of what was said, the novel or different perspectives were the first to be remembered by the family members when they looked back on their experience. Remembering novel events is consistent with Barker (1971). Novelty and familiarity both have an impact on the family's perception. In these clients' descriptions at least, novelty had a bigger role in memory while familiarity had a bigger impact on acceptance of individual members' reflections. Having a variety of opinions, then, rather than group consensus allows both novelty and familiarity to have an impact.

The other common reaction to team members as a group involved the family member's deference to the expertise of the team over the value of the family member's judgment.

> Bob: . . . and obviously they're professionals at this type of thing...at perceiving the problem and personalities. . . the person knows what they're doing at the time, they're obviously experts, at this. So, perhaps they did have a good... a long enough time to assess us and did assess us correctly. . . but, um, Eli feels that ...that... she wasn't aware that they had really assessed us. . . . you know, ...fully, but... We can't really judge that.

In addition to his concern that he would be unfair to the team to assume it had assessed his situation too quickly, Bob also trivialized the significance of his situation to the team:

> Bob: Yeah, that so many people were prepared to take the time, you know, to give up their time...to listen to our little problems which are probably very repetitious to them, and, have heard it a thousand times before or something.

Norm, on the other hand, was clearer about judging the lack of personal benefit to the reflections but was still willing to acknowledge the therapist and team's direction might have been 'right.'

> Norm: ...See, his way of, like that bolstering as I sensed that what was happening, you know, that's probably the right thing to do. But it certainly didn't do us any good, didn't do me any good. . . . today, I would probably be more vocal in bringing him [Sam] down, and I doubt whether they would've, well I, I can't see why they [the team] would react any differently.

I relate such statements about the expert position to our cultural expectations of the professional view as being accurate and powerful. However, the reflecting team concept is intended to equalized this power imbalance through making conversations open to the family and not presenting reflections in an all knowing manner. The first family, for example, indicated a perception of the professional role that was more consistent with the idea of equality in the reflecting team philosophy (Shilts, Rudes, & Madigan, 1993). For example, Kay's perception of the team's reflections was that they were:

> Kay: About and how everybody was perceived to [be] fitting in to that picture, and then you sort of can internalize that and sort of analyze it yourself as to whether or not it fits with your understanding of things or...

In other words, Kay accepted that the offerings of the team are to be evaluated by the client who then chooses those aspects that fit with his or her sense of integrity and expectations for change (Caesar, 1993; Shilts, Rudes, & Madigan, 1993; Sprenkle & Bischof, 1994). Furthermore, Kay also noted the likelihood that if the team's suggestions were too threatening to a family member, a sense of loyalty would override those suggestions:

> Kay: They didn't pick on any of us, because I think that had they even picked on any one of us, [laughing] the rest of us would have all been up in arms even though we were there not agreeing with each other...

In other words, the family's public language of conflict was very different from their private language of solidarity. What, then, makes the difference to how the family perceives the role and significance of the team? Based on the families' descriptions, I suggest the difference is a factor of the manner in which the team concept is presented to the family, relationship with the therapist, each person's emotional state, and trust in their own judgment at the time. Despite its source, though, the perception of the 'expert' position impacts the family members' openness to the ideas.

Continuing the Conversation. Regardless of how the family perceived the position of the team, though, once the family began the process of receiving feedback, many members expressed the desire to continue the interaction with the team. Such a desire is not surprising if the ideas of conversation and dialogue are the basis of the reflecting team concept. Conversations are two-way; they invite response (Penn & Frankfurt, 1994). Although the family has a chance to respond to what they heard when they move back into the interview room with the primary therapist, such an opportunity is brief and Norm even indicated he did not have the chance to comment. Many family members expressed a desire to review what happened in more detail or speak directly with the team. As a result of these interviews and my previous experience with clients, I developed the sense that when the team speaks about the family members, those members perceive they have entered a relationship with the team members and therefore want to continue the contact.

> Kay:. . . I guess I'd like to question some of the team as to some of the things that they said. I'd like to have the opportunity to ask them to explain or ask what, you know, say 'You said this and I understood it to mean this, could you tell me what you meant?' Because... You could walk away from there with some really devastating impressions of what someone had said, so I, I would like to have the opportunity to ask them what they meant.
>
> Dez: Yeah, it is as well to explain some of the questions that they were asking. . . . Um, there was one woman, she asked, she was trying to understand why I was doing this, why I was pushing for counselling, and I would've, I would've like to explain that to her.
>
> Kay: Or even question why they're, I mean even in that case to respond but just like... why asking the question? Like, there must be some other reason that...

Later Dez adds:

Dez: But I...I would've liked to have done that for half the day.

Kay: Yeah.

Dez: Being free and everything. [everyone laughs]

Int: Okay. So, so it would've been a longer period of time?

Dez: Yep, and changing back and forth.

Int: Okay, to continue the process?

Dez: Yeah.

Int: A little longer?

Dez: Yeah.

Similarly, the fourth family wanted to share goals and clarify thoughts by interacting with the team both before the interview with the therapist and after the team offered their reflections. Katz (1991), along with Shilts, Rudes, and Madigan (1993), suggest starting the session with a conversation between the therapist and team so the client knows what has been shared with the team members. Kate explained that she did not know what information the team had been given but recognized that each team member would have his or her own level of tolerance for the issues in the family's situation. Therefore, she expressed her desire to know how much information the team knew and to explain the family's hopes:

Int: You mentioned, Kate, you weren't aware of what the team knew about your family, prior to this. Would that, looking at that now, would it be helpful for you to know what they know?

Kate: Now, I couldn't care less what they knew or know. [laughs]

Int: [laughing] Okay.

Kate: No, I uh...

Int: But , I, I, guess I'm saying with the value of experience..

Kate: Mm hmm.

Int: ...that if you were to recommend this or recommend changes for another family...

Kate: Right.

Int: ...that might go through this, would you say it would be helpful for the family to, to know or hear what the team is aware of...prior to...

Kate: Right. And to know...definitely I would, I would suggest, I would recommend seeing if they could talk to the reflecting team and explain in their [the family's] words, where they're at and what they're, uh, hoping to accomplish from this.

Andersen (1991) states "Conversations most often stop if the meanings the various people hold are too different from each other," (p. 37). Presumably, one of the reasons families attend counselling is because the conversations have stopped within the family. However, both of the women in the above families as well as the other two families noted either an individual team member's reflection that was uncomfortable or the general tone of the team's reflections that did not fit with their expectations. Yet, in some way, all of these families wanted to continue the conversation to clarify differences before stopping the conversation altogether.

Other reasons for continuing the conversation related to unfamiliarity with the format:

> Kay: I think... I guess, I, I, I think that I, it would almost be an advantage to have two of them. And I'm saying that because, I don't know, it was all so new and so, you know, to go back and sit in the room and then try to give some feedback on the feedback, I guess, I, I, I'd like another chance at that.

> Frank: I, I think if we would do it more consistently. I don't think you just do it once and then just forget about it. The thing is, you've got to have a try out, I mean, you don't try it once and then you try to, you judge it from there, that's not fair. That's, you know, how do you justify that? . . . The thing is, you gotta take it uh, I would say three times, and then you evaluate it and then you say "Okay, did it help, did it not help." You can't just take it once and then forget about it.

This desire for repeated experience echoes the findings of Brown (1993).

Another part of the reason family members wanted to continue the conversation relates to Andersen's (1991) description of dialogue:

> Conversations need pauses, enough for the thinking about the process of the conversation to take place. And they should be slow enough to let the mind select those ideas it likes to be attached to, and to find the words that can express that attachment. A conversation should struggle to include the two or more participating persons' talking and thinking and listening in terms of speed and rhythm of these phases. When we talk with someone, we try to follow his/her rhythm without losing our own. (p. 32)

Although the listening position is intended to provide such a pause in clients' speaking, pauses are also required in listening for the client to process what goes on. Kay, in

particular, was concerned about the amount of information to contemplate and remember. Bob, too, suggested a review of key points would be helpful:

> Bob: Um...I would think perhaps a summary at the end of what each group member thought was the most important point as to, in one sentence sort of thing, their impression of what the main dynamic in our...problems, our relationship, what they thought was the main problem causing discomfort we were experiencing perhaps. . . . Summarize what they thought was, each one thought was the most important thing we should work on, or...recommendations, their recommendations of ways to go in terms of...

In addition, all four members of the first family and both partners in the second family suggested taping the session in order to review it at another time when they could continue to sort out what took place.

> Kay: But it would give you something to go back into your normal counselling with and to get some questions answered.

> Olivia: So that you could kinda see what, uh, everybody else was seeing, 'cause you can't see when you're doing it.

> Eli: I think a tape. . . . Yeah, um, it wouldn't have to be a videotape. But, uh, a lot of it I forgot. . . . And, so it's coming back to me now, but ...you know, to sit down on my own, I wasn't able to remember it, so. . . .And now that I'm remembering what we talked about it's really helpful.

The fact both families suggested it independently of each other and without prompt or suggestion from me added weight to the suggestion. Andersen (1991) reports their team often reviews videotape to determine other ideas or points of entry to the conversation that were missed. These clients' comments, however, imply that family members also would like to chance to review.

The comments valuing repeated experience or taping the session reminded me of a comment my sister once made about videotaping her daughters' gymnastics routines. She said the first time the girls reviewed the tape they just giggled at their embarrassment of seeing themselves, the second time they reviewed the actual events, but only on the third review could they actually watch themselves critically in order to make improvements. Perhaps the same thing happens with reflections. The first time the family is reflected back to itself, the members are simply becoming familiar with the picture of how others see them. The opportunities to review would allow them to become clearer about what happened and to then evaluate these new perspectives of themselves critically.

Furthermore, Freedman and Combs (1993) suggest, "No question, no matter how creative and well-planned, is guaranteed to be interesting or meaningful to a given client. Conversely, questions that seem trivial to a therapist sometimes evoke compelling experiences for a client," (p. 295). Review would allow therapist and client to discover in finer detail what questions and comments were meaningful for each of them. As well, if perceptual discrimination is a learned phenomenon, participating in more than one exchange or session makes sense in order for the family to learn how to discriminate among the team's responses.

In evaluating the overall impact of the team's reflections then, most of the family members recognized the potential for reinforcement but questioned some responses or reacted negatively to the position and style of the team members in some way. However, the process must have been sufficiently engaging that they all desired to continue dialogue in some manner.

Outcomes

Relationship with the Primary Therapist

While the family members described the impact of the listening position on their impressions of the reflecting team process, they also described two broad outcomes on their situation. The first outcome that emerged from the descriptions was a change in the relationship with the primary therapist. For Eli it meant a resolution of her previous concerns:

> Eli: I think, uh, it helped me to get over feeling, um, that I, that, or, you know, wanting to have a lady psychologist instead of a male. [laughs]. . . . I think it gave me more, uh...I trusted Lyndon [primary therapist] more after that.

The opposite situation happened with Kate and Norm:

> Kate: Yeah. It's just whether I can get over my resentment. [everyone laughs]. I have, I, I'm just kidding. I, I let it go after a couple of weeks too. I certainly didn't hold it against Sam [son] or the reflecting team. If anything, I was a bit annoyed with Floyd [primary therapist].

Consequently, Kate did not continue in therapy. One of my original questions was how the reflecting team session fit into the overall process of therapy. While the relationship between Kate, Norm and their primary therapist deteriorated and led to termination of therapy, for Eli the relationship with the therapist, and consequently with her husband, improved. Trust, then, can be an important issue not only in the family's level of comfort

to risk participation, but also as an issue significantly impacted by the team's reflections. However, none of the families described the manner in which the team's reflections impacted the discussions with the therapist in subsequent sessions and I did not recognize this area as one to explore during my interviews. Therefore, it would be a valuable topic for future research.

Insight

Nonetheless, family members did describe the outcomes of insight they gained into their situation. The 'magic of the mirror' that helped me recognize ideas with greater ease and clarity sounded similar to the experiences for two of the women:

> Kay: After the whole thing was over, well, I guess in the end, when we went back in there, to talk about...and after that, I don't know exactly when, but as a result of this thing that we went through, I recognized a pattern of behavior that I have, that I am now going to work on trying to break. And, um, yeah, 'cause I hadn't recognized it really before. Maybe I did but it just stood right out to me this time, so...
>
> Eli: 'Cause I felt he [the therapist] was favoring Bob 'cause, you know, he was another male chauvinist and...[laughs]. . . . So, I don't know why I did, but...I think because things were falling apart and I was just blaming him.

While Kay recognized an interactive pattern to her behavior, Eli recognized the defense she used against the distress in her life by blaming the therapist. Although Kate and Norm did not have a positive experience, they too acknowledged the opportunity to learn and grow from the experience:

> Norm: Benefits I think it would be, if there was any benefits what-so-ever that would be, well, naturally, personal ones. Maybe, um, able to get in touch with what feelings it evoked in within me?
> Int: Mm hmm.
> Norm: That was not, that was good. I guess that side of it. But, as I say, um, I most certainly wouldn't be the same now as I was then in the situation. So feelings that it evoked within me allowed me to work with that. Allowed me to, uh, strengthen that and become more positive...
> Int: Mm hmm.
> Norm: So, I guess that's part of it... for me.
> Int: Okay, mm hmm.
> Kate: I agree with that too.

This couple also recognized they may not have been ready for what they expected from the team:

> Kate: Well, personally I think everything happens for a reason in God's time and place and whatever, so, you know, maybe there was more learning we needed to do too, um, before [describes specific situation with Sam]. . .

Even Doreen, who did not feel she received any particular benefit from participation, acknowledged the possibility she may not have fully realized the impact:

> Doreen: But the direct results...I guess or maybe it was subconsciously it helped and I'm not aware of it yet.

Thus, while Eli and Kay gained some insight, Norm, Kate and Doreen acknowledged the potential for learning but were not yet sure of the outcome. In examining the importance of the reflecting team to these latter two families, though, I am also curious whether the lack of benefit they received was related more to their perception of the purpose, to their expectations resulting from the therapist's enthusiasm in explaining the concept or to the family's investment in the overall change process of therapy. No matter, then, what the resulting relationship with the therapist or level of insight they gained through their different experiences, they all recognized the reflecting team process as an opportunity for learning. However, since the latter two families continued to address concerns with their teenagers at the time of the interview, the overall impact of the reflecting team may not be apparent until the therapeutic issues addressed in the session are also resolved.

Summary

While the general structure of the clients' descriptions as presented above may not be particularly surprising, I felt there was importance in having asked the questions and hearing the clients' view in their own words. As a therapist using the reflecting team technique, I did not previously give much consideration to the initial context and clients' expectations before they entered the room. I am now much more likely to consider the point in therapy I am at with the clients before suggesting a team and whether sufficient comfort in the therapeutic process and relationship has been established for the family to consider such a risk. I also want to discuss with them any expectations set up by similar previous experience, review what interests them about the idea, encourage them to carefully consider their reasons for agreeing, and establish what they want from the experience versus what they can reasonably expect. I want to clarify whether any issues related to trust or gender exist and whether the team could assist in addressing these concerns.

In order to respect family members' apprehension with being observed, I am now sensitive to ensuring each family member can make their own choice about meeting the team before the interview. I want to accommodate the family's opportunity to tell their story and my role to draw that out and help the family portray it. However, where limitations such as time exist, I want to ensure family members are aware of and accept such limitations. Most importantly, however, I want to be sensitive to the emotional state of the clients after the interview in order to provide an adequate break so they are ready and prepared to listen.

The clients' descriptions of the listening process recognized the many benefits of the listening room--relief, seclusion, and separation, although not everyone found this last characteristic beneficial. The different potential focuses of attention and the emotional intensity described by the clients emphasized for me that family members will not perceive and remember all of the team's comments. Therefore, I should expect that clients' interpretations could be very different from my own.

While I may not change the format of my reflections as a team member a great deal, then, I will keep in mind that these clients emphasized the significance of a family portrait from an external perspective and the value of reinforcement or validation in the reflections. I will also remember, though, that I should not be afraid to present a view opposing another team member or that some clients also requested constructive criticism. Clients will evaluate the validity of my statements regardless of what I say; however, I need to acknowledge or establish familiarity with the family's current position before its members will be open to anything else I say.

Finally, as a primary therapist for a family working with a team, the chance for the family to continue the conversation, either through an alternate format, repeat experience, or videotape, is a valuable way for me to assess any change in our relationship or any insight the clients gained as an outcome of the experience.

CHAPTER SIX
CONCLUSIONS

The Research Questions

In the beginning of the study I asked the question, "What is clients' experience of being in the listening position utilizing a reflecting team process in a family therapy session?" Within this main question, there were four subsequent critical questions addressed which I now speak to below. In answering these broad questions, the specific questions arising throughout the development of the study are also addressed along with the limitations of the results.

Do They Listen ?

The most straightforward answer is "Yes--they do." Andersen (1991) notes he always gives clients the option not to listen. However, all of the family members I talked to were able to describe something about their reactions to the team's reflections and, therefore, must have heard something of what was said. Issues also arose regarding how they listened. One of the questions emerging from the literature review was "How does the intent of the session affect how families listen?" Differences were noted between the manner of listening in family three which perceived the intent as benefiting the therapist, and the members of other families who had more personal expectations and hopes for their participation. Other questions about the importance of the family's attitude toward the listening experience and the value of the therapist checking the family's curiosity before entering the listening position emerged as significant considerations.

Originally, I also had questions about the roles within the family and how these affected the listening experience. Because I observed the first family's session, I had the most information about its members and could clearly identify roles within the family. Descriptions of the listening experience were much richer for the parents who were the most eager to participate but drawing a distinction between the most resistant or hesitant was difficult for the daughters. While I also identified patterns of communication in the other families, I had less information upon which to identify roles and relate these to their listening experience. I did not elicit more information in attempt to be as least intrusive to the family as possible. Often members of the family were equally descriptive or shared similar experiences; therefore, even if differing roles were identified, an influence of these roles on the experience may not exist. While I was disappointed in not being able to address this question more thoroughly, I believe it would be an interesting pursuit for future research if greater family background could be gathered.

To What Are They Most Often Listening or Attending?

Andersen (1993) acknowledges that in the listening position, clients attend both to what others are saying and to an internal dialogue. I was curious about what formed clients' conscious awareness in the listening position and if an inner dialogue existed, what it was about. The family members' descriptions indicated they concentrated on the team's presentation but when I drew their attention to other sources, they also identified observers in the room, other family members, team dynamics and their own thoughts as additional areas of focus. Earlier I questioned the family members' awareness of the team's nonverbal communication. While family members did not mention it a great deal, the influence of visual contact with the team was a definite factor.

With respect to an inner dialogue, Andersen (1992) speaks of ". . . listening to the quietness of the troubled one's thinking," (p. 63). The clients themselves also spoke of the quietness in the environment of the listening room influencing their focus on inner thoughts or the team's process of reflection. What was most often in clients' thoughts included apprehension and concerns related to retaining anonymity, emotions surrounding the issues being dealt with in the session and each person's reactions to individual team members or evaluation of the team's comments.

What Are Their Reactions To This Listening?

In the philosophy and background to the reflecting team, the therapist's knowledge and experiences do not lead (Anderson, 1993). However, the clients, at least to a certain extent, continued to uphold the role of therapist and team in an 'expert' position. Apprehension and perceptions of being judged were present in the clients' descriptions and sometimes they acknowledged the interference of these concerns in what they heard or how they reacted. Because the size of the team for all four families outnumbered the family members, I inquired whether the size impacted them. Although some reaction was indicated, it did not emerge as an important concern.

Other questions I pondered before interviewing the families included whether the members relied on scripts in interpreting the team's reflections. Although one member indicated her anticipation of a previous experience, each family gave some indication of openness to a difference and therefore, the prevalence of scripts was not obvious. The strong suggestion from all the families to review or continue the conversation with the team indicates a willingness to put off finding a resolution to the problem while searching for understanding with the team and subsequently amongst themselves (Caesar, 1993). However, some members were disappointed in the lack of concrete, constructive feedback. In searching for this understanding, though, clients most often commented on the reflections as providing an external view of the family and the reinforcement offered by the

team to highlight strengths that had been out of awareness. In referring to the composition of the reflections, families did not mention hypothetical questions, metaphors, or reframes of the problem as some authors suggest are valuable (Mittlemeir & Friedman, 1993).

How Does It Shape Their Impressions and Reported Impact of the Entire Reflecting Team Process?

The most significant conclusion of the listening experience is its intimate connection to the prior context and initial interview. Also, most of the families found both beneficial and unhelpful aspects to the experience. Initially, I wondered whether the listening experience provided a model of communication for the family to use themselves. However, none of the families described learning a process they would continue on their own.

In assessing the connection between the experience and overall impression of therapy, the timing of the research interview in the family's development and progress with issues was crucial. Results could have been much different for some members if I had interviewed them at a different point in their process of achieving understanding. If the listening experience helped reshape a sense of self, I questioned how the reflecting team influenced decisions about beginning and ending therapy. Again, the answer depended on the context of the clients' situation. For members of three families, at least some insight and motivation to continue counselling was established while for another family the experience led to a quick termination of the therapeutic relationship. However, all families ultimately viewed the experience as an opportunity for learning and described changes in the therapeutic relationship or personal insight that resulted from the experience.

Delimitations, Limitations, and Future Research

While some of the original questions were addressed, then, others could not be answered because of the characteristics of the particular families I interviewed and the source of their referral. For instance, the reflecting team process is a regularly scheduled event at the private practice where these families attended counselling. Each therapist takes a turn presenting a family. Therefore, the study could not fully address the influence of other reasons for suggesting a reflecting team with that family. The composition and format of the team process was fairly consistent for all four families and therefore the effects of variations could not be investigated. All families had only a single experience with the reflecting team and, therefore, the role of familiarity with the process could not be investigated. No young children were interviewed; therefore, the effects of listening for families in various stages of the life cycle could not be addressed.

One ethical consideration in the study occurred when parents interpreted their children's reactions instead of focusing on themselves as I had asked them to do prior to beginning the interview. I attempted to treat their comments as the parent's perception of the child rather than an accurate description. However, this difficulty reflects a further limitation of the study in interviewing families. I chose to interview the family members together rather than as individuals in order to discover how families constructed meaning of an event as a group. While I did perceive some sense of an overall family reaction, each family's process of agreement or development of meaning was less observable than I anticipated and I subsequently treated the comments from each family as a group of individuals. However, had I interviewed them individually, the comments triggered by another family member would have been omitted but richer elaboration of some points may have been obtained. Therefore, the value of interviewing families as a group has both benefits and drawbacks. Furthermore, I attempted to accept the family's description as the reality of their experience rather than how I might view the situation therapeutically. However, I was conscious that as they described their experience, family members were also acting out and describing the issues which brought them to counselling. In interpreting their comments then, I considered the extent to which I learned more about reflecting teams or more about the filter of that family's current manner of interacting. The difficulty of separating these two possibilities clouds the outcomes of the study.

An omission of this study was an investigation of how clients' experience of listening to the team influenced subsequent conversations with the therapist. Therefore, this area could become a focus of future research, especially if review of videotape is used for clarification and debriefing. More intense investigation of family dynamics and influences on performance in the initial interview and the listening position are other considerations for further study. In order to understand the broader purpose of the team, additional comparisons with therapists' reactions and perceptions of their role with and without a team would be beneficial.

Final Note

Does the client's experience in the listening position or with the reflecting team process in general reflect light into the black spaces of their lives? Like most other aspects of therapy, the answer is complex. Sometimes the light simply warms up the spot where family members are standing, sometimes they are looking for the light in the opposite direction, and sometimes family members insert other conditions that deflect the light from

ever reaching that spot. When it does shine on something previously unnoticed, however, it opens the entrance to an exciting new path on their journey.

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APPENDIX A

Edna E. Knowlton (Teddie) 460-8925
Department of Educational Psychology
University of Alberta

Study Description

My name is Teddie Knowlton and I am completing my thesis in fulfillment of the requirements for a Master's degree in the counselling program of the Educational Psychology Department at the University of Alberta. I am particularly interested in the field of family therapy and, as a student, have participated as a member of several reflecting teams providing observations to the family and primary therapist who are working together. This reflecting team process has developed in the field within the last several years. By conducting research and contributing to the literature on this process, I am hoping to assist other therapists in becoming more sensitive to the family members' experience with the reflecting team and help develop or refine this process further to ensure the most benefit to families. I believe the opportunity to sit in another room and listen or observe resource persons have a conversation about their situation is the part of the reflecting team that is unique for most families. Some writers have called it an 'eavesdropper' or 'fly on the wall' experience. However, there may be aspects of this listening opportunity of which I am unaware. I understand your family participated in a reflecting team process within the last year and so I would like to ask you, "What was your experience of being in the position to listen to a reflecting team?"

After we have met to discuss the project and answer questions, your commitment will involve one main interview with a brief follow-up meeting. The first occasion will involve an audio-recorded interview of approximately forty to sixty minutes in length. During this time, I would ask that all family members who participated in the reflecting team session be present to share, in their own words, their experiences of listening to the team. I am interested in all of your reactions, including thoughts, feelings, behavior, or body sensations you were aware of at that time. Do not worry about making your story interesting or trying to put it into any particular order; just describe your experience as you remember it. There is no right or wrong way of relating it; just describe it as it comes to mind. Do not worry about analyzing your reactions or telling me what you think I want to hear. For this project, it is the description of the experience that is most important. The emphasis should be on **how** you each reacted to the experience of listening.

Before this interview, please reflect on your experiences but it is not necessary to discuss it as a family. You may find it helpful to jot down any recollections that come to mind between now and then but this is not required. After the interview is completed, our

discussion will be transcribed and analyzed for further understandings. Because you are considered co-researchers in this discovery process, I would like to briefly meet with you again at that point to examine how my understanding 'fits' with your experience. After I have met with each of the participating families, comparisons will be analyzed across participant descriptions in order to identify similarities as well as differences.

I would like to remind you that each person's participation in this study is completely voluntary and each person may withdraw their participation at any time. All information will be kept strictly confidential, pseudonyms will be used in the transcription, tapes and consent forms will be stored separately from other documents and tapes will be erased at the completion of the study. Please feel free to ask questions at any point in the process. The amount of information you wish to disclose during the interview is entirely your decision and if you do not wish to answer any question, you are not required to do so. If you decide you no longer want to participate in the study, all information about you will be destroyed.

Your consideration is greatly appreciated. If you feel your family would be interested in participating, please call me at the above number as soon as possible.

APPENDIX B

Department of Educational Psychology
Faculty of Education University of Alberta

Informed Consent Form

Project: Clients' experiences of listening to a reflecting team in family therapy.
Conducted in fulfillment of thesis requirements for the M.Ed. degree in the counselling program.
Investigator: Edna E. Knowlton (Teddie) Ph. 460-8925
Supervisor: Dr. D. Sawatzky

The purpose of this research is to increase understanding of clients' experiences of listening to a group of resource persons provide observations or thoughts about a session between therapist and family in a process known as a reflecting team. While participation in this study may or may not be of direct benefit to participants, it is anticipated this research will lead to ways in which other families may be assisted by most effective use of the reflecting team process.

This study will consist of at least two interviews, the first of which will last approximately 40 minutes to 60 minutes and will be tape recorded. This interview will focus on personal attitudes, feelings, sensations, and perceptions of behavior. The second interview will be a reflection of the analysis of the first interview and will not be recorded.

THIS IS TO CERTIFY THAT WE, THE _____ FAMILY HEREBY agree to participate as volunteers in the above named research study.

Each of us understands that while no health risks are anticipated, should upset or discomfort result from participation in the study, referral to an appropriate service will be offered.

Each of us hereby gives permission to be interviewed and for the interview to be tape-recorded and subsequently transcribed into written form using pseudonyms.

Each of us understands that any tapes or transcripts will be used solely for research or educational purposes, respecting confidentiality and anonymity at all times. Each of us understands that all tape recordings will be erased at the conclusion of the study.

Each of us understands that as individuals we reserve to right to refuse any question and we are free to withdraw consent and terminate participation at any time, without penalty.

Each of us has been given the opportunity to ask whatever questions we each desire and all questions have been answered to each of our satisfaction.

Family Member	Researcher	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPENDIX C
Interview Questions

A) Demographic data: names, # of sessions prior to reflecting team, # of sessions since, how team process was introduced to them and how it occurred, expectations in agreeing to it.

B) Interview Questions: 1. What was your experience of being in the position to listen to the reflecting team? (i.e. What was it like to listen to others have a conversation about your situation?) (Did you listen or did you feel you had the option not to listen?)

2. What were you aware of while the team talked?

3. Do you remember any thoughts, feelings, or bodily sensations you experienced during that period?

4. What were you most focused on?

5. Did you notice anything else happening in the room you were in?

6. Did you notice anything in particular in the room the team was in?

7. Has the chance to be in that listening position and participate in this process influenced you in any way? If so, how?

8. Can you describe any benefits to this process?

9. Did you learn anything new as a result of this process?

10. Did you experience any difficulty or discomfort as a result of this experience?

11. Who was most eager to participate?

12. What comments would you have for other therapists or clients considering using this approach?

APPENDIX D

TABLE 1A Theme Structures Taylor-Unger Family

The Reflection Process		Meaning Unit
Introduction to the Reflection Process	A) Initial Parental Willingness	4
	B) Daughters' Resistance	6, 7
	C) Necessity of Trust in Therapist for Consent	19, 20
Being Observed	A) Under Scrutiny	16
	B) 'Putting it on the Table'	27, 68, 69
Apprehension/Fear of Judgment	A) Fear of Criticism	10, 12, 28, 29 42, 69, 75
	B) Embarrassment from Interview	9
	C) Embarrassment from Reaction	71
	D) Expected Comfort in Familiarity	14, 38, 53
	E) Anticipation of Previous Experience	37
	F) Loss of Anonymity	
	a) Within Session	21, 25, 26
	b) Post-Session	23
	c) Reassurance	22, 24
Process of Listening	A) Relief from Scrutiny	16
	B) Capturing Interest	8, 18
	C) Listening Interference	
	a) Divided Attention	
	i) Awareness of Observers and Environment	25, 41, 42
	ii) Awareness of Other Family	40, 71
	iii) Awareness of Team Process	44
	b) Emotional Interference	15, 27 36, 70, 72, 77
Outcomes of Listening	A) Effect of Positive Reinforcement	
	a) Relief of Apprehension	13, 28, 29, 34
	b) External Validation and Normalization	13, 47, 49,52, 67
	c) Insight and Motivation	46, 50, 51
	B) Value of Reflection	
	a) New Perspective	31
	b) Whole vs. Parts	33, 53, 54, 81
	c) Multiple Ideas and Validation	45, 52
	d) Breadth of Coverage & Memory	62, 64, 65, 76
	e) Limitations of A Single Therapist	53, 54, 64
	f) Validity of Reflections	17, 48, 53, 55
	C) Desire to Clarify and Review	59, 60, 61, 63, 72, 73,

		75, 77, 78, 79, 81
Suggestions for Format	A) Meeting the Team First	21
	B) More than One Exchange	59, 66
	C) Need for Privacy	71, 79
	D) Team Members Clarify	72
	E) Video taping	73, 74, 75, 78, 81
<u>Process of Family Interaction</u>		
Agreement/Disagreement	A) Process of Consensus	
	a) Agreement of History	1
	b) Consensus in Reactions	12, 23, 24,43, 45, 56
	c) Consensus in Suggestions	60, 74, 78, 81
	B) Process of Individuation	32, 35, 56
	C) Internal Conflict/External Loyalty Internal Unity/External Display	30, 56, 57, 58
Fulfillment of Roles	A) Stepfather as Motivator	50, 56, 60, 80
	B) Mother as Analyst	20, 35, 79
	C) First Daughter as Resistor of Change	6, 37, 56, 58
	D) Second Daughter as Linesman	7, 17, 35, 39, 80, 82

APPENDIX E

TABLE 2a Theme Structures Sims Family

The Reflection Process		Meaning Unit
Initial Context	A) Feeling Hopeless	2, 5
	B) Relationship with Therapist	
	a) Gender Issues	3
	b) Trusting Suggestion	4, 5, 49
	C) Trying Something Different	5, 49, 50
	D) 'Two Way Mirror' Intriguing	50
Being Observed	A) Anonymity versus Contact	6
	B) Physical Response to Observation	44
	c) Brief Exposure	25, 28, 30, 31
The Listening Position	A) Emotional Response	
	a) Intensity/Restraint	7
	b) Seclusion/Safety/Freedom	8, 22
	c) Anger	15
	d) Guilt, Shame	16
	e) Spillover	17, 26, 27
	f) Relief from Conflict and Responsibility	39, 40
	B) Focus on Own Thoughts	22, 23
	C) Reflection of Self from Other's Perspective	11
Perceptions of the Team	A) Questioning Authenticity	10, 20
	B) Awareness of Team Dynamics	10
	C) Contributing Individual Themes	18
	D) Valuing Restraint	14, 21
	E) Perception of Bias	17, 19
	F) Impersonal or Generalized	24, 28
	G) Role of Experience and Expertise	25, 29, 30, 42
Effects of Content	A) Insight	
	a) Understanding Through Multiple Ideas	13
	b) Recognition of Blaming Defenses	48
	B) Validity	
	a) Anger/Annoyance/Resistance	15, 17, 18, 24
	b) Feeling Not Understood	26
	c) Accuracy	32
	d) Validation	
	i) of viewpoint	43
	ii) of significance	41
	C) Highlighting Strengths and Motivation	34, 35, 37, 38
	D) Increased Trust; Resolution of	47

	Gender Concerns	
	E) Overall Value	9, 12, 51
Suggestions for Format	A) Authenticity versus Practicality	20, 21
	B) Benefits to Review	46
	a) Providing a Summary	45
	b) Taping	46
Process of Conversation		
	A) Reconstructing History	1
	B) Consensus in Response	21, 23, 31, 35, 38, 40, 41
	C) Speaking for Spouse	13, 30
	D) Achieving Mutual Understanding	19, 33
	E) Acknowledging Value of Ideas	28, 36
	F) Similar Patterns of Criticize/Rationalize	24, 25, 28, 29, 30, 41, 42

APPENDIX F

TABLE 2b The Sims Family Sample Meaning Unit Analysis

Eli=wife
Bob=husband
Int=interviewer
L=primary therapist

Married 14 years, been together 22 years. Two teenage children did not participate in therapy.

Quotation	Paraphrase	Theme
1. Eli: Um, I think we were with L for about a year, wasn't it? Bob: Was it that long? Eli: Was it? Maybe it wasn't. Bob: I don't think it was that long, no. Eli: Oh. Uh, we were, we were, we were seeing, um, L together for, well a while anyway. Int: Mm hmm. Eli: And, um, no...it was about, uh, six months, wasn't it?	The couple jointly recall the length of therapy and suggest the first portion was for about six months.	Cooperative reconstruction of history (but not necessarily agreement as with family #1)
2. Eli: So we, um, decided, or, I decided that, you know, we'd stop for a while until the course was done. So, um... so I think, um, in...while, while it stopped we sort of took two steps back. . . . And um...So we were really...at each other's...heads or whatever, however that saying goes. And um...So, and I, I sort of...We talked with, with L and, and um, we sort of felt, um, things were hopeless at that	After a break, the couple initiated therapy again after feeling they had regressed and were feeling hopeless about their situation.	Motivation for counselling; feeling hopeless

point.		
3. Eli: And...And I don't know if L knew but, I, I sort of felt maybe I should have gone to a, we should've gone to a woman because I sort of felt that I was getting ganged up by men here. [laughs]	Eli was concerned about gender bias with her therapist.	Perception of gender bias; not understood; not supported
4. Eli: And, uh... So it was a good, when he [L] suggested a reflecting team, I thought that was excellent.	Eli's initial reaction was positive.	Initial reaction positive.
5. Bob: I think L just strategy. . . . We'd been going along for six months and...and then when we saw him again we were pretty well back ...You know, we had gone back to square one sort of thing. . . . And uh... So, it was kinda a little discouraged, you know, get started again and the same old stuff, same old problems. . . . So, whether this is...He just asked us if we'd...be...interested in doing this. . . . And uh, so... We were, we're happy to go along with his suggestion, really.	Bob speculates the therapist suggested a reflecting team out of discouragement and attempt to try something different. They agreed by trusting his su	Trusting therapist's suggestion; trying something different.
6. Eli: Yeah, first B or first L, um, I said I wanted to see the team first. . . . But B didn't. . . . So I went to the back and, and, and uh, saw everybody's face and came out.	Different responses to anonymity and encounters with the team.	Individuation; anonymity versus contact
7. Int: After you talked with L here [in the interview room] and	Eli's emotional response in the listening position was intense but she struggled to	Intense reaction; emotional restraint

	then you went back and sat in that other room yourself and the team came in, what was your experience of being able to sit in that position and just listen? Can you describe that a little for me? Eli: Um, ...Well, I think, um, I don't know, I, I remember having a hard time to stop from crying.	restrain it.	
8.	Eli: Um, I think you feel, a little, uh, I think it feels safe. . . . Because, um, it's, it's dark in there and um, it...you know nobody can see you. . . . because they didn't see you, then, you know, there's no judgmental factors.	Despite her emotional restraint, the d room provided safety from judgment.	Safety in seclusion; free from judgment.
9.	Bob: I thought on the whole it was...it was a very good type of thing...to do.	Bob's overall response to the experience was positive.	General positive response
10.	Bob: I thought it had its...limitations. . . .But I suppose the, uh, the limitations, I, two ways, I thought that the group, the individuals in the group, um, were a little inhibited in what they said. . . . about us. . . . because they knew we were, watching and listening. And then...I suppose that would be the big, that would be the big thing. . . . I would, I would have a sense that they were, if they were just by themselves, without us watching, that they would talk in a different	Bob felt there were limitations to the process because individual team member's reflections were restrained by the fact they were being observed by the couple and were observing each other.	Restraints (censorship) on the team; team dynamics; validity (value) of reflections

way. . . . just the general tone, of the, the way they were talking. . . . Yeah, it was...not in the slightest critical, everything was...positive...sort of thing. . . . Then again, in the group of themselves, I thought they, individually had their parts to play in their own group sort of thing. . . . And uh, they were sort of playing the part that, I don't mean playing the part, but they were speaking in the way in which they normally would in the situation, so... I suppose...um, a different sort of thing would've been if each one had been individually speaking into a tape or something as their thing, so I thought there were two things which affected what everybody said. First was the fact that they knew we were watching. . . . and the second was that they, in turn, were being watched by the others, so...Those were the two factors that I, that impressed themselves on me.		
11. Bob: But on the whole, I thought it was very good to. . . to see yourself as others saw you, even though, I myself sort of had some reservations as to what they were saying.	Despite reservations, Bob benefited from seeing himself from the perspective of others.	Seeing self from other's perspective.
12. Bob: ...I found it a positive, therapeutic experience...and	Bob found the overall experience not just positive but helpful.	Helpful outcome (as opposed to helplessness or hopelessness)

helpful.		
13. Int: Okay. Was there anything in particular about it that was helpful? Anything that...that really stood out as... Eli: Well, just the, um, I think, just, just, uh, talking. The exchange. . . . of ideas. . . . you need the exchange of ideas to sort of get to understand what, what's happening. . . . to sort of have sounding board, a sounding board with, to, to uh, talk.	Eli [carrying on from Bob's idea] thought the process of conversation and multiple ideas helped her better understand her situation.	Multiple ideas leads to insight or understanding.
14. Eli: Yeah, I did feel they would, uh, some members were careful. And I think that was a good idea. [I and E laugh]. . . . because, um, I mean, you know, people are, are human beings are watching somebody talking about them, I mean, you have to be careful. . . . Because, um, you know, relationships are very fragile.	Eli agrees with Bob that the team's statements were restrained but indicates the necessity of restraint to prevent harm.	Appreciating team's restraint
15. Int: Okay. Okay. As you were sitting there, listening, were there any other thoughts or feelings or physical sensations that you had in your body that you remember being aware of? Eli: Well, I felt angry once. . .	Eli aware of angry feelings during listening.	Anger
16. Eli: . . . and, uh, guilty for feeling angry. . .	Guilt over angry response.	Guilt, shame
17. Eli: . . . . When one of	Eli's anger and	Emotional spillover--anger;

the women sort of, um, you know, spoke for B [laughs], maybe because I was so mad at him that, you know, I just uh, um, you know, was mad and I didn't want anyone else to point out anything. [E then goes on to describe the specific comments of the team member]. So, you know, talking about it now it just seems ridiculous, I don't know why I was angry but I was. . . . But I suppose that was why because, you know, we were, you know, just not speaking to each other very well, at the time.	communication difficulties with her husband influenced her perception of bias on the part of one team member. Eli was not willing to hear such a message at the time but now sees her response as exaggerated.	perception of bias
18. Bob: Well, I also remember that, um, that lady talking. L really doesn't make too much of [what the issue was] but she, sort of picked it up and, in fact brought it into, in twice, you know, as sort of her theme, that was her theme that she was contributing, so...That's not the sort of thing we think about too much but it was definitely there and kind of disagreeable to think about in a way, but she brought it up. . . . The fact that she brought it out twice, sort of rankled me a little bit, but. . . . That's obvious, so don't bring it out, bring it out again...you know...	Anger and resistance to perception of team member's persistence.	Validity of team's reflections; resistance/annoyance; contributing a theme
19. Eli: It's funny, and yet the same thing, I thought she was...favoring him. . . .	Eli realizes their responses were similar when she expected them to conflict.	Perceptions of bias; perception of difference versus similarity; lack of communication.

And I think that's...[laughs]. I didn't realize that, that he was perturbed.		
20. Bob: I thought it woulda, I thought it would be better, I know it can't be arranged, if uh, they were each individually to...give their impressions of our relationships and us, and our personalities and how we interrelate, and their impressions of our problem. . . . and they just spoke it individually into a tape, just for recording, and then, and then we were able to listen to it afterwards if they didn't know we were going to listen to it. . . . You know, but that's obviously impossible.	Desire to hear unrestrained reactions of the team.	Validity/authenticity; practicality
21. Bob: But, I don't see how there's any way in which you can, you can do that. Sort of eavesdrop on someone's . . . Eli: You might not want to...[everyone laughs] Bob: [laughing] Not want to, yeah. 'Bald headed old goat, what is he doing with a cute chick like her !' or something. [everyone laughs] But anyway...	Recognizes the impossibility of that desire and agrees with wife that outcome of that desire may not be valuable anyway.	Impossibility of 'true' response; process of consensus; value of restraint
22. Int: Okay. Um. So was that, was it the conversation in the room that you were most focused on, or...your own thoughts, or, were you aware of what you were most focused on?	Seclusion of the listening position allowed Eli to react freely and focus on her own thoughts.	Seclusion of listening--freedom and space to focus on own thoughts and respond freely without judgment

Eli: Um, I think, I felt, my own thoughts, because, you know, uh, then , it, because the room was dark and we got to just sort of um...I think I liked the freedom of having, you know, the seclusion, and, and, um, no, no one having to watch. We didn't have to suppress anything because somebody was watching us. And um...		
23. Bob: I was more concentrating on them. . . . On my own thoughts.	Bob acknowledges his attention was also focused on his own thoughts.	Consensus; focus on own thoughts.
24. Eli: Well, I think, uh, I, I felt a lot of anger. I felt, um...that...you know, that, that it was sort textbook stuff, you know? Int: Mm, what do you mean by 'textbook stuff?' Eli: It wasn't personalized. But, you know, maybe it's just because at the time I was very angry. . . . And, um, It's, it was like being...you know, you go, um, to a machine and it gives your horoscope or something . . . . You are...On your birthday, it says you are like this and this and this and...[laughs] So, you know, so that was the sort of feeling I got. . . .	Anger and perception that team's responses were contrived and not personalized.	Anger; validity of reflections; lack of personal understanding
25. Eli: . . . but, I mean, it was really unfair because nobody'd ever met us or anything like	Excuses team for formal or generalized statements because therapeutic judgments are typically	Validity of own response; expectations and role of professionals.

that and. . . of course what else do you have to work with except, you know...um, experience and so on... Int: ...sort of like a preprepared statement, is that what...? Eli: Not really preprepared, but, um, that...they didn't really know us that well and they were working a lot from , uh, past experience and, and textbooks and...you know. . . . But of course, that's what it's all about [E and I chuckle].	based on experience and team had little personal experience with the family.	
26. Int: And it just didn't seem like they were considering your, your own situation? Is that...? Eli: Yeah, I think that. . . . that's, that's how I felt, um. . . . that it was...that nobody really understood us. Understood me, actually.	Not feeling understood by the team.	Not understood
27. Eli: You know, and what was happening. I think I, you know, sorta felt helpless at the time.	Perception was influenced by as sense of helplessness at the time.	Emotional spillover--helplessness
28. Bob: Yeah, I would say that's a very good point. I hadn't thought, hadn't really thought of that, that.... They had quite a brief...time... Eli: Briefing, yeah. Bob: ...had a very brief time to see us, even though they had perhaps	Bob recognizes the value of his wife's point that the team's perception was limited but is unsure if that really had an impact.	Acknowledgment of wife; not understood (because of time)

a chance to glance through L's case notes. But, um...They make a snap judgment sort of thing. . . . And then...give their programmed responses to what they perceive as being the situation. But, maybe that's not true...I don't know. But, they did have quite a brief time. . .		
29. Bob: . . . and obviously they're professionals at this type of thing...at perceiving the problem and personalities. . . the person knows what they're doing at the time, they're obviously experts, at this. So, perhaps they did have a good... a long enough time to assess us and did assess us correctly. . .	Also acknowledges that exposure may have been sufficient given team's experience. Sees a perception as correct or incorrect.	Therapists as experts.
30. Bob: . . . but, um, E feels that ...that... she wasn't aware that they had really assessed us. . . . you know, ...fully, but... We can't really judge that.	Speaks for wife in stating she feels she wasn't given a fair exposure but indicates they are not in a position to determine that.	Speaking for wife; client in one down position in judging therapists; brief exposure
31. Eli: I think that's, that's how I felt at the time. . .	Agrees with husband's perception of her.	Consensus
32. Eli: . . . . There were a couple points, that, you know, looked at...seemed to hit the nail right on the head.	Recognizes some of the team's reflections had validity.	Validity of reflections
33. Bob: Oh yeah, like what sort of things?	Surprise in wife's reaction of some things as positive.	Surprise; process of mutual understanding
34. Eli: Well, um, you know, like uh...our relationship with our girls and that, you know, we've both, that, that's all that matters to	Value of team bringing out things taken for granted.	Value of reflection--highlighting the positive (taken for granted, forgotten)

us is our girls sort of thing. And, um, you know, how, how you [B] you were good with, with them. And, um, so you know, things like that you sort of take for granted. . . . And, I mean I always say, 'Yes, I'm really lucky B is such a good father,' but, you know, sometimes it takes somebody else to say it and...before you appreciate it.		
35. Bob: Yes, I would agree with that. There were some points...they brought out which we just kind of accept. . . . And, uh, they sort of brought them out in a positive way and that did help us. . . . Eli: Mm hmm. Bob: Reinforcing positive feelings we have about ourselves, you know. . . . I thought that was a...very beneficial thing.	Eli and Bob agree about the value of the team focusing on the positive and forgotten. [see quote about bringing out the mundane]	Consensus; value in reinforcing positive (taken for granted, forgotten)
36. Bob: [To E] Good point, I wouldn't have thought of that...	Recognizes value of wife's perception.	Acknowledgment of wife
37. Eli: And pointing out, um, that, the fact that we were there, that, you know, that, that I'd, um...arranged for have, for our marriage when at that point I felt that I really didn't give a damn, you know? . . . . But then when they said it, and you're not looking at them, and you sort of wonder, 'Well, actually, why are	Eli recognizes the value of the team reflecting the couple's motivation.	Recognizing motivation

we here then if I don't give a damn?'		
38. Bob: Oh yes, I agree with that. That's, that another point that, uh...they brought out, the fact that we had persisted seeing L . . . . showed that we had a considerable amount of motivation in...in...trying to work at our problems.	Bob agrees with the value of recognizing motivation.	Consensus; recognizing motivation
39. Int: Good. Okay. Any other benefits that you experienced? Eli: Um, I think just having, um, sort of like a, sort of like a rest period where, um, where we can just sort of, somebody else takes the responsibility and we can sort of get things out in the open, and...Not without knowing how to handle it but knowing that somebody else will be able to, you know, help us with it. . . . with the problem, yeah. . . . like not having any confrontations, I suppose, that's what I mean. . . . Getting things out safely.	Relief from conflict and safety in letting another be in control or be responsible.	Relief from conflict; relief of responsibility
40. Bob: Yes, it was a kind of a change of pace which I thought was beneficial too.	Benefit of change of pace. [A change and a rest can be the same thing].	Consensus; relief
41. Bob: . . . . But also, having so many people thinking about our problem made us feel kind of important. . . .So many people paying attention to our problem. . . .	Validation of self [esteem] through the number of therapists and the contribution of time.	Validation of importance (through numbers and gifts of time); consensus

Eli: Yes. . . . Bob: Yeah, that so many people were prepared to take the time, you know, to give up their time...		
42. Bob: ...to listen to our little problems which are probably very repetitious to them, and, have heard it a thousand times before or something.	Puts down their own problems as repetitious from therapists' view.[Questions validity or significance of their problems; self esteem, sense of importance, Do I really need to be in therapy? Am I normal?]	Client in one down to therapist; contradiction of importance
43. Eli: Yeah. Yeah, and also what, you know, may have seemed, you know, a little trivial, to me was important. . . . And, um, to see somebody else felt it was important too really, really helped.	Eli experienced validation through reinforcement of something others might think trivial but was important to her.	Validation of viewpoint
44. Int: Okay. Any other difficulties or discomforts that you...? Eli: Well, I felt hot at one point. Int: Mm. Okay. The heat. Was that here in the interview or in the . . . Eli: Oh, here. Int: ...or in the other part? In the interview. Eli: I think just being aware that people were watching. Int: Okay. Okay. And that, that produced heat in yourself or was the room hot?	Effect of being observed increased perception of body temperature.	Physical response to observation

Eli: No, I , I felt, hot.		
45. Int: Okay. Okay. Anything else? [Both indicated no] Okay. Any other recommendations that you would have for, um, other clients or other therapists that are...? Bob: Um...I would think perhaps a summary at the end of what each group member thought was the most important point as to, in one sentence sort of thing, their impression of what the main dynamic in our...problems, our relationship, what they thought was the main problem causing discomfort we were experiencing perhaps. . . . Summarize what they thought was, each one thought was the most important thing we should work on, or...recommendations, their recommendations of ways to go in terms of...	Bob recommends summary of key perceptions or recommendations from each team member.	Suggested format--summary
46. Eli: I think a tape. . . . Yeah, um, it wouldn't have to be a videotape. But, uh, a lot of it I forgot. . . . And, so it's coming back to me now, but ...you know, to sit down on my own, I wasn't able to remember it, so. . . .And now that I'm remembering, what we talked about it's really helpful.	Eli suggests taping because of limitations of memory but value in review.	Suggested format-taping; limitations; benefit in review
47. Int: . . .Has the chance to be involved in this	Reflecting team helped relieve Eli of her perception	Outcome-increase trust (resolve gender concerns)

	process and particularly to be in the listening position, has that, um, influenced you in any way or has that, is there anything that you learned that was new as a result of the...? Eli: I think, uh, it helped me to get over feeling, um, that I, that, or, you know, wanting to have a lady psychologist instead of a male. [laughs]. . . . I think it gave me more, uh...I trusted L more after that.	of gender bias with her primary therapist and increased trust in him. [Contrast this to family #1 where trust was essential first].	
48.	Eli: 'Cause I felt he was favoring B 'cause, you know, he was another male chauvinist and...[laughs]. . . . So, I don't know why I did, but...I think because things were falling apart and I was just blaming him.	Recognizes her perception of gender bias resulted from defense mechanism of blaming.	Insight-recognition of defense (blaming) (insight may be result of other therapy not just reflecting team)
49.	Int: Okay. The one question I forgot to ask you at the beginning was, was, 'When L suggested it, were, was one of you more eager to participate than the other or...was that shared... Eli: Uh, I think, um, I don't know, I think, I was willing but I thought 'Oh well, something new.' I really hadn't thought that it would be all that helpful or anything. I just sort of went along with it and I thought it might be fun. Int: Okay. And was it fun?	Chance to try something different captured initial interest.	Initial interest--trying something different.

Eli: [laughing] Not terribly.		
50. Int: If you had to pick one word to describe it would you have a word for it? Eli: Um, no, not really. It's just, you know, it was a new perspective and, and something different to do. . . . I think it was the two way mirror I thought was kind of...would be, fun.	Describes it as a new perspective and describes the mirror as two-way. This latter concept also captured her interest.	New perspective; 'two way mirror'; capturing interest.
51. Bob: Um, two words. I suppose, positive and beneficial. Int: Oh good. Okay. Any final comments other than that? Bob: I would recommend it.	Overall, Bob felt it was beneficial and would recommend it to others.	Overall value

APPENDIX G

TABLE 3 Theme Structures Hanson Family

Meaning Unit		
Introduction to the Concept	A) Present together for introduction	1
	B) Primary purpose	
	a) As benefit to therapist; indirect benefit to family	2, 11, 23
	b) Consistency between motivation for participation and understanding of purpose	3
	C) Unsure of prior expectations	10
	D) Initial eagerness and continued interest of absent family member	27, 28
Being Observed	A) Lack of introduction to team members	25
	a) potential for introduction to put family at ease	25
	b) individual differences in value of prior introductions	25
	B) Initial awkwardness for daughters	4, 6, 24
	C) Indifference for mother	7
	D) Emotional restraint	24
	E) Individual differences in value of privacy for listening	26, 27
Listening	A) Attentiveness	
	a) egocentrism	14
	b) not paying attention to the team and awareness of other family members	15
	B) Unaware of any other factors related to team	19
Reflections	A) Surprise and interest for daughter in perception of family	4
	B) Reactions to individual team members	
	a) negative reaction to emotional intensity	8, 16
	b) lack of value in this member's reflections	8
	c) acceptance of the personal analogy drawn by other individual team member	17
	d) acceptance of validity of this reflection as a family strength	17
Overall Response	A) Father's ambivalence	5, 18
	B) Positive but reserved response for youngest daughter	6
	C) Lack of personal gain for mother	9, 12
	D) Uncertainty of awareness of full benefit for mother	23
	E) Confusion and concern re: memory and place of session in overall counselling process.	13

F) Insignificant overall contribution for older daughter 21
G) Value of multiple opinions and discussions in bringing out issues for daughter 21
H) Motivating effect of positive 22

Suggestions A) Value of repeated experience with format 20

APPENDIX H

TABLE 4 Theme Structures Zender Family

Introduction	A) Position of reflecting team within therapy	1, 3
	B) Introduction and explanation	
	a) Differing introductions to concept	7
	b) Reason based on opportunity	2, 4
	c) Review with all present	8
	d) Brief introductions to the team	70
	C) Reaction	
	a) Appeal of multiple opinions	6
	b) Parental Eagerness	7
	c) Motivation for resolution	5, 7, 17
Interview		
Prior Expectations	A) Positive anticipation	39
	B) New information for growth	40
	C) Reinforcement of cohesive family goal	47
	D) Observe natural family dynamics	59
	E) Role of therapist to draw out opinions and dynamics	14, 59
	F) Assumptions were 'wrong'	14
Process of Interview	A) Information Gathering	
	a) Short exposure	75
	b) Limited gathering of background	48
	c) Perceived intent of supporting identified son	23, 41, 59
	d) Lack of elaboration of response	10, 17, 41, 43
	B) Awkwardness and silence	57, 58
	C) Compliance	
	a) with direction of therapist	10, 17, 22
	b) based on perception of expertise	24, 40
	c) based on time restrictions	13, 54, 58, 59
	d) based on stage of personal development	25, 32
	e) not influenced by presence of team	25, 73
Emotional Response	A) Anger	
	a) toward one son because of behavior	9, 12
	b) at perceived intent of interview	41
	B) Frustration in restriction of speech; feeling 'cut off', powerless	10, 13, 14, 22, 41, 65
	C) Empathy	
	a) parents for each other	17, 60
	b) for other sons	10, 14, 60
	D) Emotional intensity	11, 42
	E) Guilt over lack of assertiveness	9, 10, 24
Listening Position		
Attitude	A) Mother's pre-state of emotional intensity	15, 44

	B) Mother's hope that expectations would be met unlike interview	45
	a) Expectations of specific descriptions and recommendations	76, 77, 80
	C) Father's curiosity	16
	D) Possible reactions to size of team overridden by motivation	71, 73
The Room	A) Division indicates restriction of voice	26
	B) Darkness as isolating	62
	a) Unaware of other family members' reactions	61
	b) Allows concentration and freedom from embarrassment	63
Reflections	A) Intent of building self esteem of one son over family cohesiveness	18, 47, 59, 66 67
	a) Values of shared responsibility and compromise not reinforced	20
	B) Reinforcement	
	a) Lack of equal recognition	18, 50, 60
	i) lack of reinforcement needed for self at time	37, 38, 64
	b) Lack of questioning or acknowledging parental experience and efforts in problem	47, 60, 75, 76
	c) Lack of authenticity in reinforcing parents	19, 80
	C) Insignificant impact of hypothetical questions	52
Reactions	) Acknowledge possibility of therapist and team as 'right' despite lack of benefit for family	35, 36, 78
	a) team's focus based either on lack of information or professional judgment	67
	b) influence of team members' personal bias	68
	B) Anger, frustration and hurt	46, 50
	C) Recognition of son's contributions but did not want him to inflate them	78
Post-Listening	A) Desire for direct interaction with the team	27, 33, 54
	a) based on hindsight rather than desire then	28
	b) willingness to respond to questions to get help	60
	c) guilt in not asking to interact	55
	d) concern that experts not getting the whole picture	64, 65
	B) Focus on single son	
	a) change in his behavior to be more active	30
	b) continued support but no benefit to family	31
	c) continued perception of being 'cut off' or 'shut down'	64, 65
	d) discussion focused on continuing dynamics not commenting on team's reflections	29, 30
	C) No acknowledgment of mother's emotional distress	53
	D) Time restrictions, credit to therapist	34
	E) Continued guilt over lack of assertiveness	21, 32

General Outcomes	A) Overall negative evaluation	
	a) Disappointment in unmet expectations	16, 72, 79
	b) Defeating or hurtful	49, 73
	ii) resentment	82
	B) Effect on son	
	a) inflated attitude of importance	78
	b) delayed emotional maturity	51
	c) potential benefit if by himself	49
	C) Benefit to parents	
	a) opportunity to address strong emotions evoked	81, 82
	b) more likely to be assertive now	36, 46, 54
	c) recognition that parents may have learned in meantime	66
	D) Long term impact	
	a) denial of damage because of motivation for resolution.	79, 82
	b) Surprised but pleasant reaction to being contacted again	79
Recommendations	A) Interact with team before and after reflections	69
	a) sharing expectations and information with team	74, 80
	B) Preference for therapist to be nonintrusive in interview	59

APPENDIX I

TABLE 5 Theme Structures-- Cross Participant Analysis

- Introduction to the Process
  - Precontext and Expectations
    - Position within Therapy
    - Prior Experience
    - Initial Reactions
    - Reason for Participating
    - Intrigue
    - Looking for Answers
  - Relationship with the Therapist
    - Trust
    - Gender Issues
- Being Observed
  - Anonymity versus Introduction to the Team
    - Differing Desires
    - Under Scrutiny
  - Portrait of the Family
    - Brief Exposure
    - Role of the Therapist
  - Emotional Intensity
    - Emotional Expression
    - Speaking Up
- Listening
  - The Process of Listening
    - Responses To The Room
      - Relief
      - Seclusion
      - Separation
    - Divided Attention
      - Self versus Team
      - Awareness of Others
      - Awareness of Team Dynamics
    - Emotional Spillover
      - Anger, Hurt and Emotional Distress
      - Listening Interference
  - Content of the Team's Reflections
    - Hearing Reflections
      - Concept of Reflection
      - Internal versus External Views
      - Multiple Viewpoints
    - Impact
      - Perceptions of Reinforcement
        - Validation and Normalization
        - Respect
      - Validity
        - Accuracy
        - Feeling Understood
        - Authenticity
      - Responses to Team Members
        - Individual Members
        - Expert Position

Continuing the Conversation

Outcomes	Relationship with the Primary Therapist Insight